

Name in Full		Frederick A Alvey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pant Mills		Tried		MARYLAND	
	Date of death	1908	Month	May	Day	17	Age
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Saw	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Fred. A Alvey				Father's Birthplace	Indiana
PHYSICIAN OR CORONER	Mother's Maiden Name	Nora B. Smelser				Mother's Birthplace	Ind
	Name of person giving information	J. R. Leamer				How related to deceased	Nephew
	CAUSES OF DEATH						(159)
PHYSICIAN OR CORONER	Primary	Gunshot wound in Epigastrium					How long
	Immediate	Instant.					How long
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician
	Address	7 Clyde Roubin Buckeytown Sub. Ry.					
Accident or Suicide?		Suicide					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

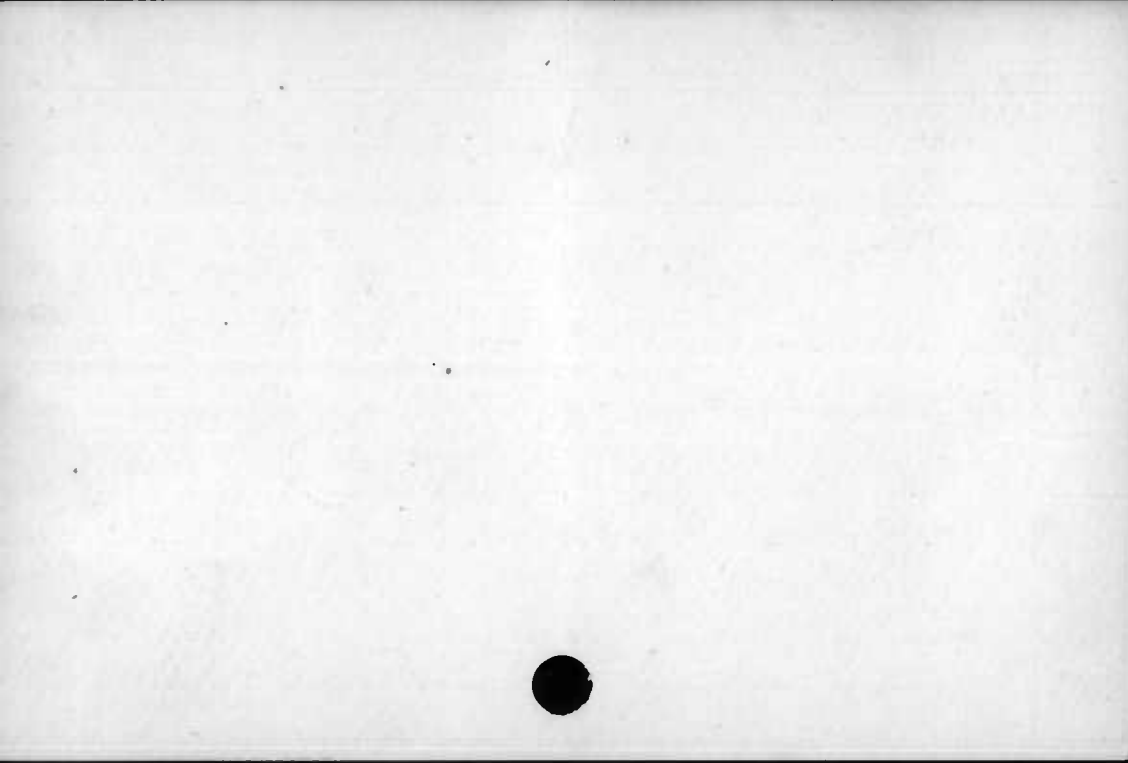
MARYLAND

Died at *Hoodstons* *Tied* *17*Date of death *1908* *3* *22* *Age* *3* *Months* *24* *Days*Sex *Male* Color or Race *White* Birth-place *Hoodstons*Occupation Where Residing if not at place of death Married, Single or Widowed Name of Wife or Husband Father's Name *Leonard C. Barriett* Father's Birthplace *Hoodstons*Mother's Maiden Name *Mamie J. Barriett* Mother's Birthplace *do.*Name of person giving information *Mother* How related to deceased

CAUSES OF DEATH

8

Primary *Marasmus* How long *3 1/2 mo.*
Immediate *Whooping cough,* How long *2 weeks,*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. Gable*Address *Hoodstons, Md.*Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Christopher Bidle* Town *Middletown* County *Fredricks Co* MARYLAND

Died at *Middletown* Date of death *1908* Month *March* Day *8* Age *91* Years Months *7* Days *22*

Sex *Male* Color or Race *White* Birth-place *Seremony*

Occupation *Farmer* Where Residing if not at place of death *Middletown*

~~Married Single~~ Widowed Name of Wife or Husband *Elizabeth Bidle*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *John H. Lutz* How related to deceased *none*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *8 years*

Immediate *Edema of Lungs* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Ralph Bussard*

Address *Myersville, Md.*

Accident or Suicide?

0/70/10/116.

Name in Full		George O. Boins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Fredericks</i>		^{County} <i>Fredericks</i>		MARYLAND		
		Date of death	Month	Day	Age	Years	Months	Days
		<i>1908</i>	<i>3</i>	<i>4</i>	<i>38</i>			
		Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>			
		Occupation <i>Waiter</i>	Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Clara Palu</i>						
Father's Name <i>John B. Boins</i>		Father's Birthplace <i>Med</i>						
Mother's Maiden Name <i>Hannah Johnson</i>		Mother's Birthplace <i>F. Geo Med</i>						
Name of person giving information <i>Hannah Boins</i>		How related to deceased <i>Mother</i>						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>								
PHYSICIAN OR CORONER		Primary <i>Tuberculosis (Pulmonary)</i>				How long <i>Indefinite —</i>		
		<i>Exhaustion</i>				How long <i>Probably a year or more</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>U. F. Brown, M.D.</i>		
						Address <i>Fredericks Md</i>		
Accident or Suicide? <i>~~~~~</i>								

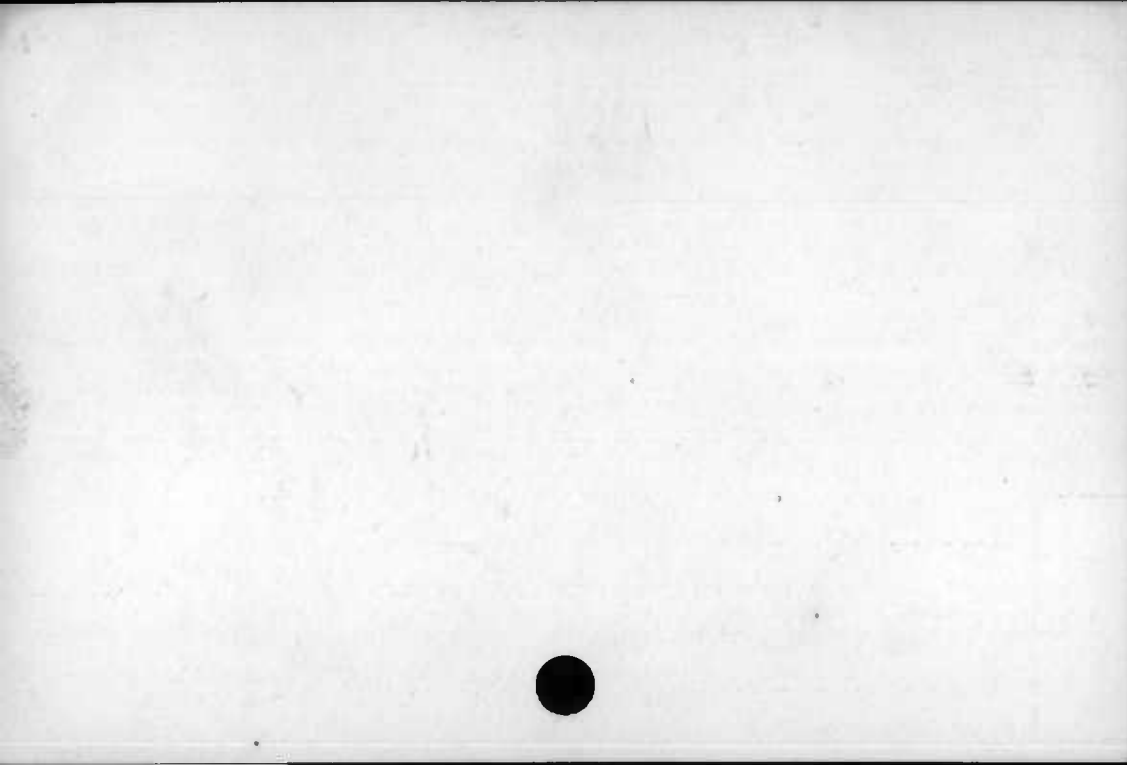
Interment at Greenmount,
" Mar 6 - 08 bur.

Thomas P. Rice F. D.

Dr J Meredith Smith

Dr McCurdy.

Name in Full		Andrew J. Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shurston ^{Town}		Frederick ^{County}		MARYLAND
	Date of death	1908	Month	March	Day	19	Age
					Years	80	Months
							Days
	Sex	male		Color or Race	white		Birth-place
							Cand Co. Md.
Occupation	Farmer			Where Residing if not at place of death			Shurston.
Married, Single or Widowed	married		Name of Wife or Husband		Sallie E Brown		
Father's Name	Nicholas H. Brown				Father's Birthplace	Md.	
Mother's Maiden Name	Sallie Peters				Mother's Birthplace	Shurston Md.	
Name of person giving information	Andrew J. Brown				How related to deceased	Son	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">154</div> </div>							
PHYSICIAN OR CORONER	Primary	General debility				How long	3 yrs.
	Immediate	Heart failure				How long	1/2 hour
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Bey C Perry	
					Address	Arabic Md.	
Accident or Suicide?							



Name
in
Full

Margaret L. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

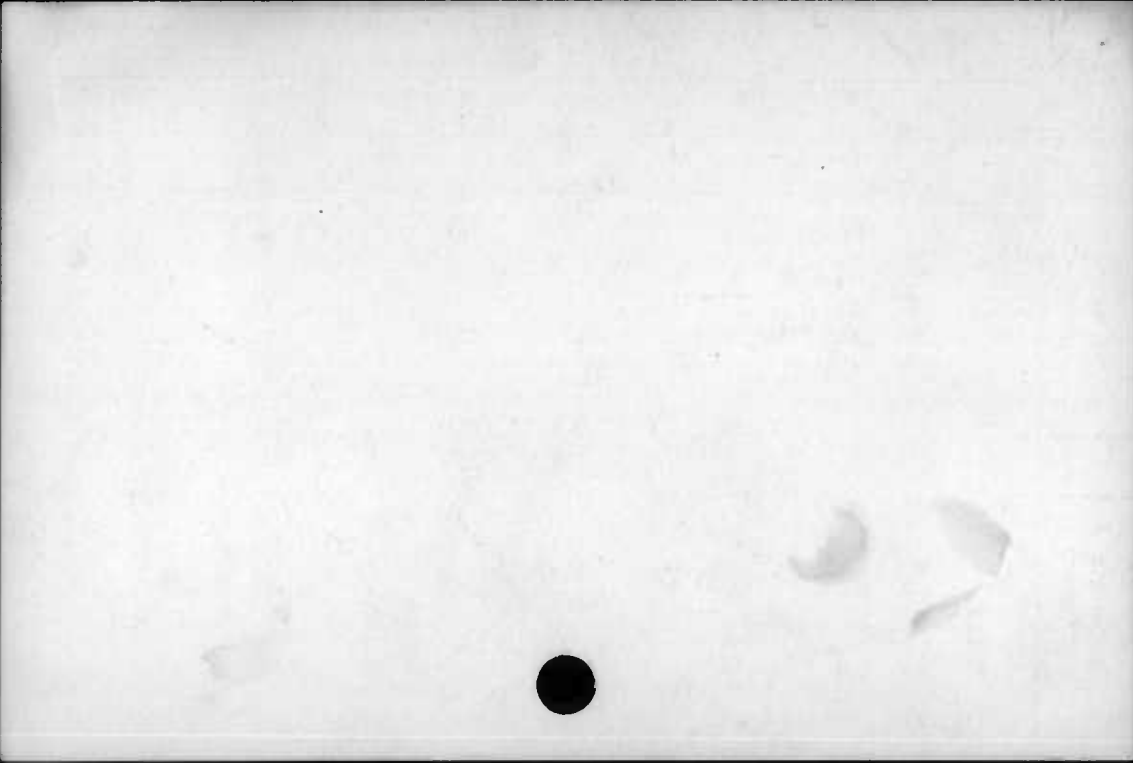
Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month	3	Day	6
Age	1	Years	1	Months	—
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	X		Where Residing if not at place of death		
Married, Single or Widowed	X		Name of Wife or Husband		
Father's Name	Charles H. Brown			Father's Birthplace	Md
Mother's Maiden Name	Marienta Temple			Mother's Birthplace	Md
Name of person giving information	Mary Ellen Brown			How related to deceased	Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Patris's Pul.</i>	How long	<i>4 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Ys		<i>C. J. Gordon, M.D.</i>	
		Address	
		<i>Frederick,</i>	
Accident or Suicide?			
X		<i>Md</i>	



Name
in
Full

Daniel J Brunner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

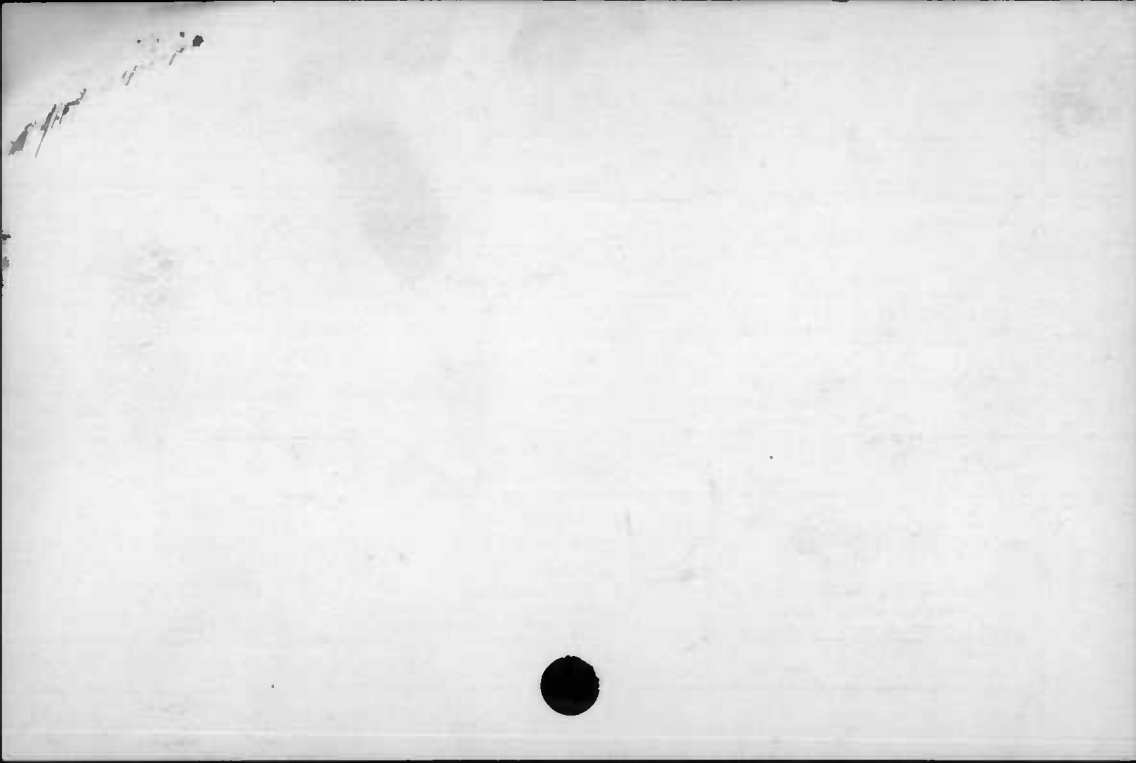
Died at <i>Frederick</i> <small>Town</small>		<i>Frederick Co</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>7</i>	Years <i>22</i>	Months <i>3</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co Md</i>		
Occupation <i>Laborer</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta Stines</i>				
Father's Name <i>Thos Brunner</i>			Father's Birthplace <i>Washington Co Md</i>		
Mother's Maiden Name <i>Nancy Swopes</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John H Brunner</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

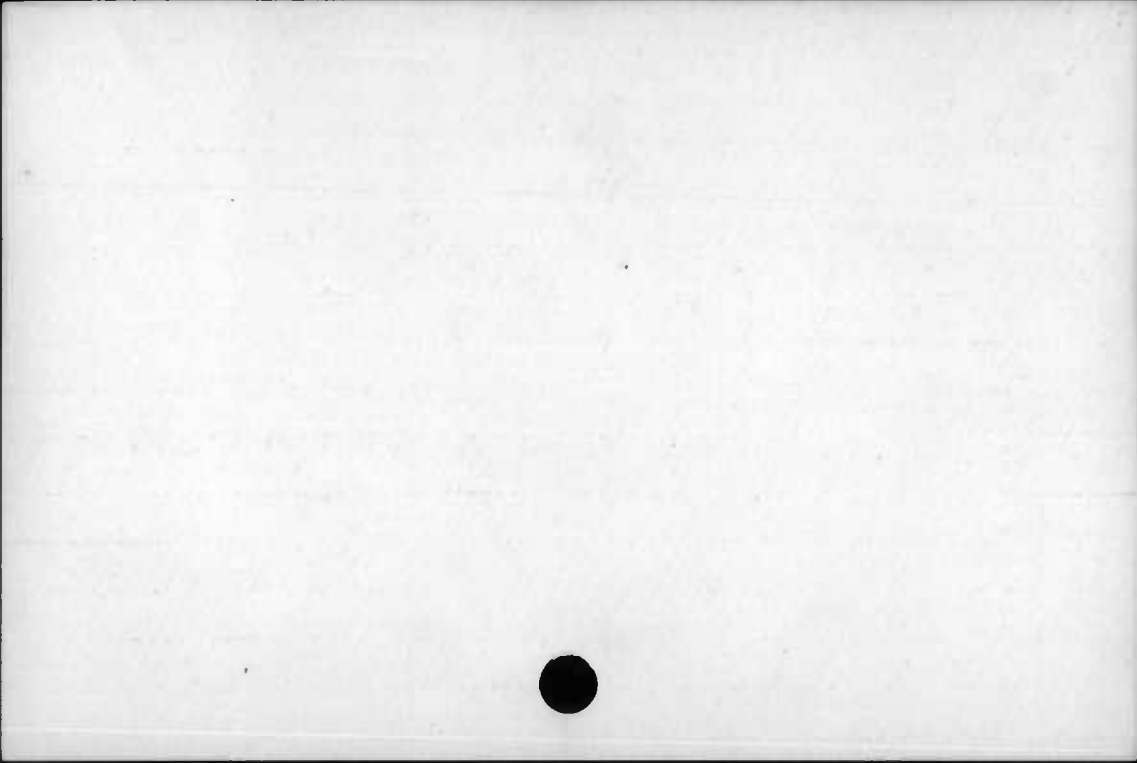
118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>6 months</i>
Immediate <i>Post-operative Inocuity</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos B Johnson</i>
	Address <i>Frederick, Md</i>
Accident or Suicide?	



Name in Full		Edmund A. Bruner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fronk		County "		MARYLAND	
	Date of death	1908	Month March	Day 30 th	Age 68	Months 2	Days 30
	Sex	Male		Color or Race	White		
	Occupation	German Baptist Minister			Where Residing if not at place of death	Fronk Md	
	Married, Single or Widowed	Name of Wife or Husband			Annie Miller		
	Father's Name	Peter Brunner			Father's Birthplace	W Va	
	Mother's Maiden Name	Sophia Shaffer			Mother's Birthplace	Fronk Md	
Name of person giving information	Grayson Brunner			How related to deceased	Son		
				CAUSES OF DEATH		(79)	
PHYSICIAN OR CORONER	Primary	Disease of heart - Dilatation of heart				How long	2 yrs
	Immediate	Paralysis of heart				How long	Less than 24 hrs
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	S. S. Maynard Jr.	
					Address	17 Green St W. Fronk Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

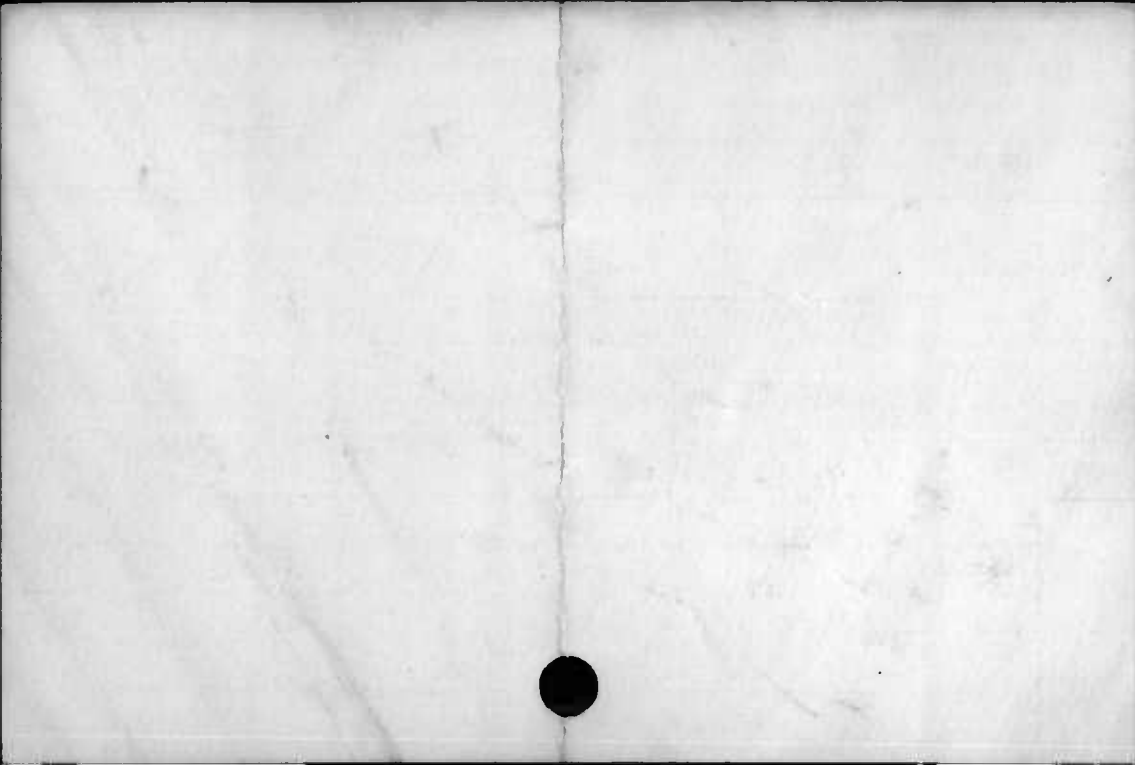
Died at <i>Woodville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>7</i>	Age <i>72</i>	Months <i>10</i>	Days <i>11</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Near Woodville Md</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charles Chaney</i>			
Father's Name <i>Zachariah Brashers</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Rachel Hardin</i>			Mother's Birthplace <i>Md,</i>		
Name of person giving information <i>John Wilson</i>			How related to deceased <i>In no way</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sappington & Pearre</i> ^{M.D.}
	Address <i>Unionville, Maryland.</i>
Accident or Suicide?	



Name in Full		Hiram S. Cutsail.				CERTIFICATE OF DEATH	
Died at		Near <u>Araby</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death		1908	Month <u>3</u>	Day <u>12</u>	Age <u>58</u>	Years <u>3</u>	Months <u>24</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Fredk. Co. Md</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Same</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Ida C. Main.</u>					
Father's Name <u>William Cutsail</u>		Father's Birthplace <u>F. Co. Md</u>					
Mother's Maiden Name <u>Ann R. Kusz.</u>		Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>Mrs. Cutsail</u>		How related to deceased <u>Wife</u>					
Struck in precordial region by lower of stump-puller.		CAUSES OF DEATH				79	
Primary <u>Cardiac Rupture</u>						How long <u>Accidental</u>	
Immediate <u>Internal Hemorrhage</u>						How long <u>1 1/2 hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Henry P. Fahrney M.D.</u>		Address <u>Frederick, Md.</u>			
Lived <u>20 minutes</u>							
Accident or <u>suicide</u>							

Interment at Middletown Md.
Reformed Gen.

" Near 15- -08

Thomas T. Rice F. D.

Do. H. T. Fahrney.

Do. Goodell.

Do. McCurdy.

Name
in
Full

Catherine Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

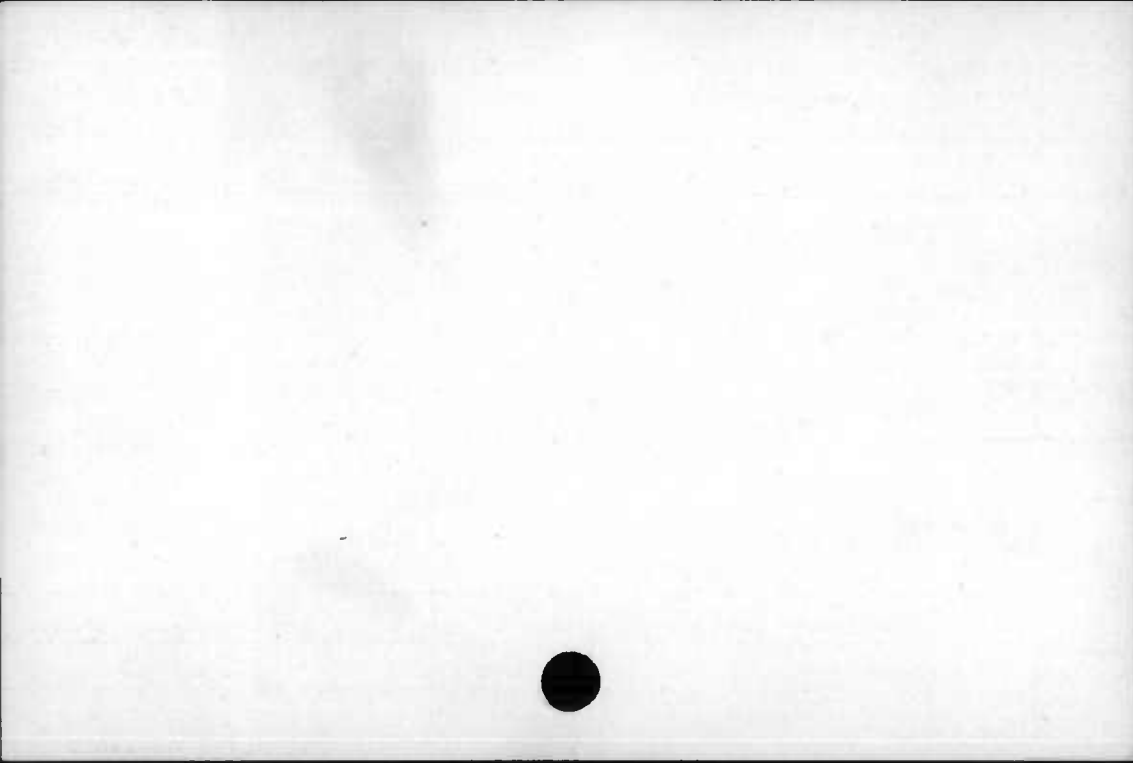
Died at Thurmont Town		Fredenick County		MARYLAND	
Date of death	1908	Month March	Day 2	Age 82	Years 7 Months 18 Days
Sex female	Color or Race white		Birth-place Fresh Co Md		
Occupation retired	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Joseph W Davidson				
Father's Name Conrad Eyer	Father's Birthplace Germany		Mother's Birthplace Md.		
Mother's Maiden Name Annie Kempf	How related to deceased daughter.				
Name of person giving information Mrs C. C. Miller					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterial Sclerosis & hypertrophy	How long 8 yrs
Immediate	Paralysis / progressive	How long 2 months
Are the name, age, sex, color, date and place correctly given above? yes -		Signature of Physician Morris L. Bailey
		Address Thurmont Md.
Accident or Suicide? no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

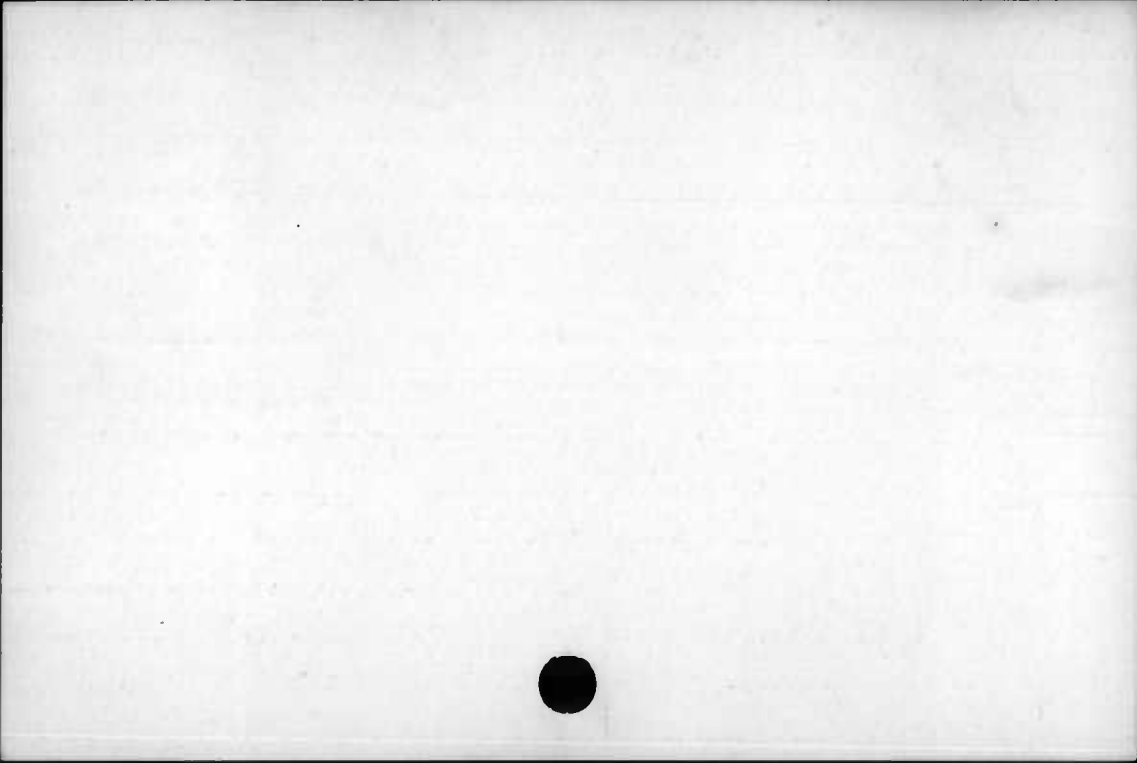
Died at <i>Patonsville</i> ^{Town}		<i>Fredk</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>9</i>	Age <i>—</i> Years	Months <i>3</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>			Name of Wife or Husband <i>X</i>		
Father's Name <i>William Davis</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Edita Hill</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Washington Brown</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

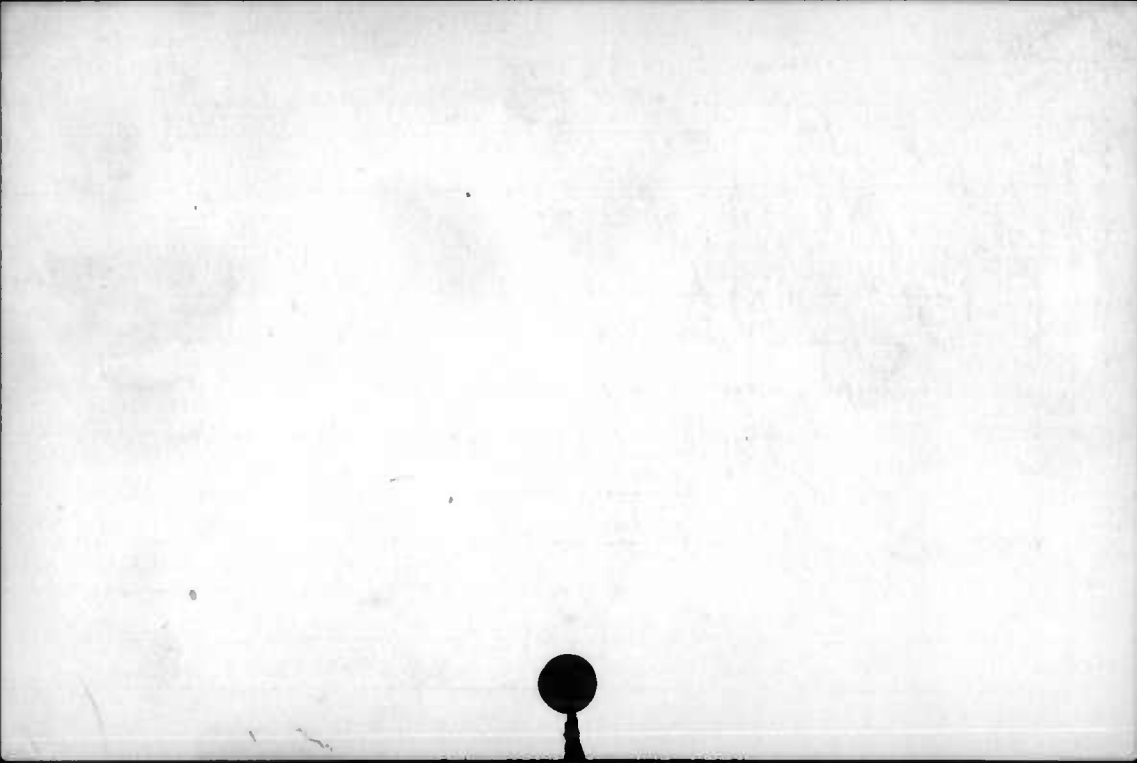
Primary	<i>Convulsions</i>	How long	<i>1 hour</i>
Immediate	<i>Choke</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. J. Gooden md</i>	
		Address <i>Fredrick. md</i>	
Accident or Suicide? <i>No</i>			



Name in Full		CERTIFICATE OF DEATH			
Fannie S. Delaughter		Town Middleburg		County Fred.	
Died at		Date of death 1908		Maryland	
		Month 3	Day 19	Years 56	Months 6
		Age 56		Days 10	
Sex Female		Color or Race White		Birth-place Fred. Co.	
Married, Single or Widowed Married		Occupation Housewife			
Name of Wife or Husband Geo. Delaughter					
Father's Name John M. Herbert		Father's Birthplace Fred. Co.			
Mother's Maiden Name Susan Gibbons		Mother's Birthplace Maryland			
Name of person giving information Geo. Delaughter		How related to deceased Husband			
<div>CAUSES OF DEATH</div> <div>40</div>					
Primary Paralysis		How long 2 mos.			
Immediate Carcinoma Ovary		How long 2 weeks			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. Hubert Bradley			
		Address Middleburg			
		Maryland			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emma J. Doll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> <small>Town</small>		<i>Fredericks</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>31</i>	Age <i>51</i>	Years <i>6</i> Months <i>23</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>F. Leo Md</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alexander H. Doll</i>				
Father's Name <i>Benjamin F. Duwall</i>	Father's Birthplace <i>F. Leo Md</i>				
Mother's Maiden Name <i>Margaret Eichelberger</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Alex H. Doll</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Chronic Catarrhal Ulceration of Bowels</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Salmer</i>
	Address <i>23 E Church St Frederick Md</i>
Accident or Suicide? <i>---</i>	

Interment at Mt Olivet Cem.

" April 2^d - 08

Thomas P. Rice F. D.

Dr. Burch.

Dr McQuiddy.

Name
in
Full

Thomas S. Ducing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

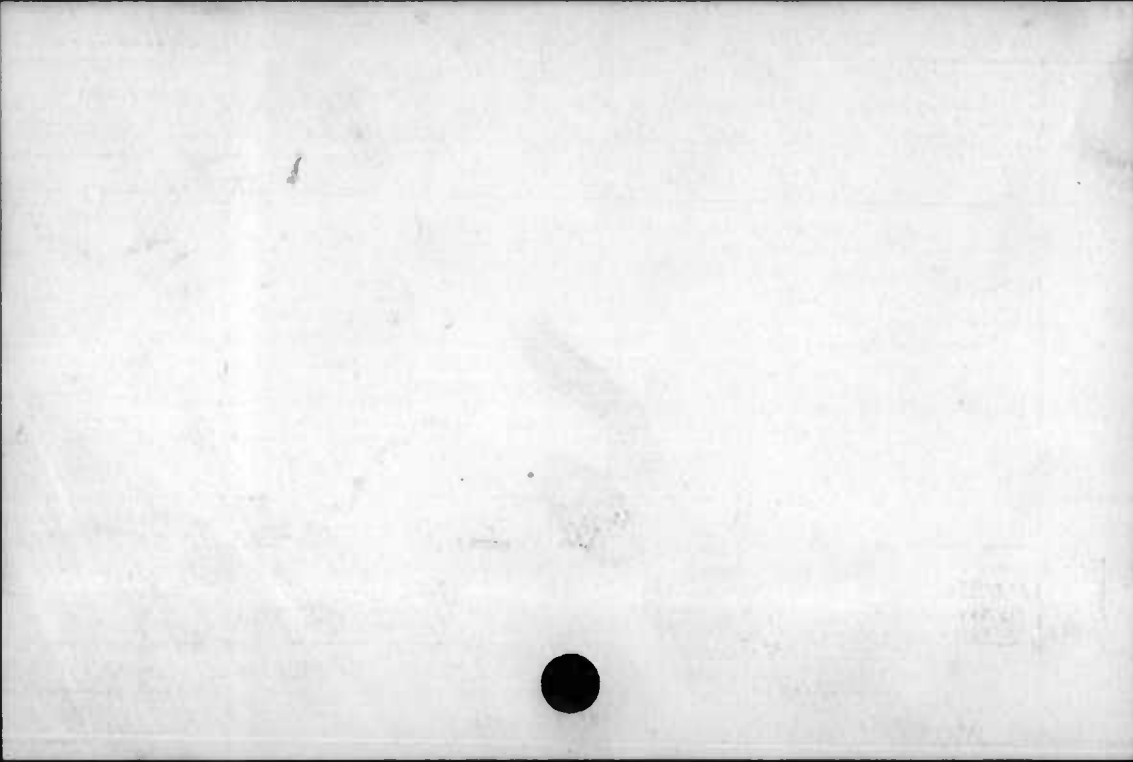
Died at Pleasant		Town Walk		Freed		County		MARYLAND		
Date of death	1908	Month	Mar	Day	13	Age	57	Years	Months	Days
Sex	male		Color or Race	white		Birthplace	Freed Co			
Occupation	farmer				Where Residing if not at place of death		Pl. Walk			
Married, Single or Widowed	Married		Name of Wife or Husband		Ella Baker					
Father's Name	Daniel Ducing					Father's Birthplace	Freed Co			
Mother's Maiden Name	Sarah Munk					Mother's Birthplace	"			
Name of person giving information	Stanley Ducing					How related to deceased	son			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Gastric Cancer		How long	6 mos
Immediate	Exhaustion		How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	S. S. Davis
			Address	Brownstown
				md
Accident or Suicide?				



Name
in
Full

Philoman Cromwell Dudrear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

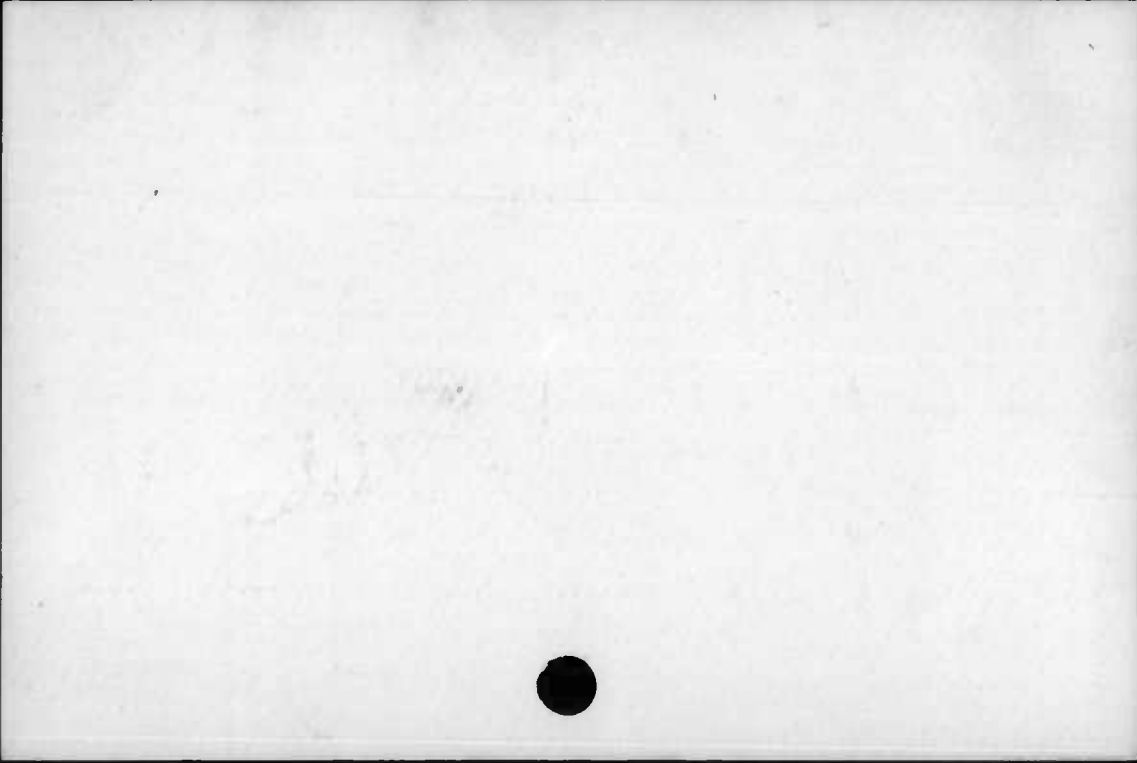
Died at <i>Frederick</i>			Town <i>Frederick</i>			County <i>Frederick</i>			MARYLAND		
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>16</i>		Years <i>78</i>		Months <i>3</i>		Days <i>25</i>	
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Frederick County</i>					
Occupation <i>Retired</i>						Where Residing if not at place of death <i>Frederick</i>					
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Rachael Dudrear</i>								
Father's Name <i>Jno H Dudrear</i>						Father's Birthplace <i>Frederick County</i>					
Mother's Maiden Name <i>Margaret Cromwell</i>						Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Rachael Dudrear</i>						How related to deceased <i>Wife</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Genl debility</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson</i>	
		Address <i>Frederick</i>	
		<i>MD</i>	
Accident or Suicide?			



Name
in
Full

Anna Rebecca Outrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamletown</u> <small>Town</small>			County <u>Bred</u>			MARYLAND	
Date of death <u>1908</u>		Month <u>Mar</u>	Day <u>12</u>	Age <u>73</u>	Years	Months <u>2</u>	Days <u>11</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>			
Occupation <u>House work</u>			Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband					
Father's Name <u>Jacob Outrow</u>				Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Cornelia Thomas</u>				Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Geo C. Thomas</u>				How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

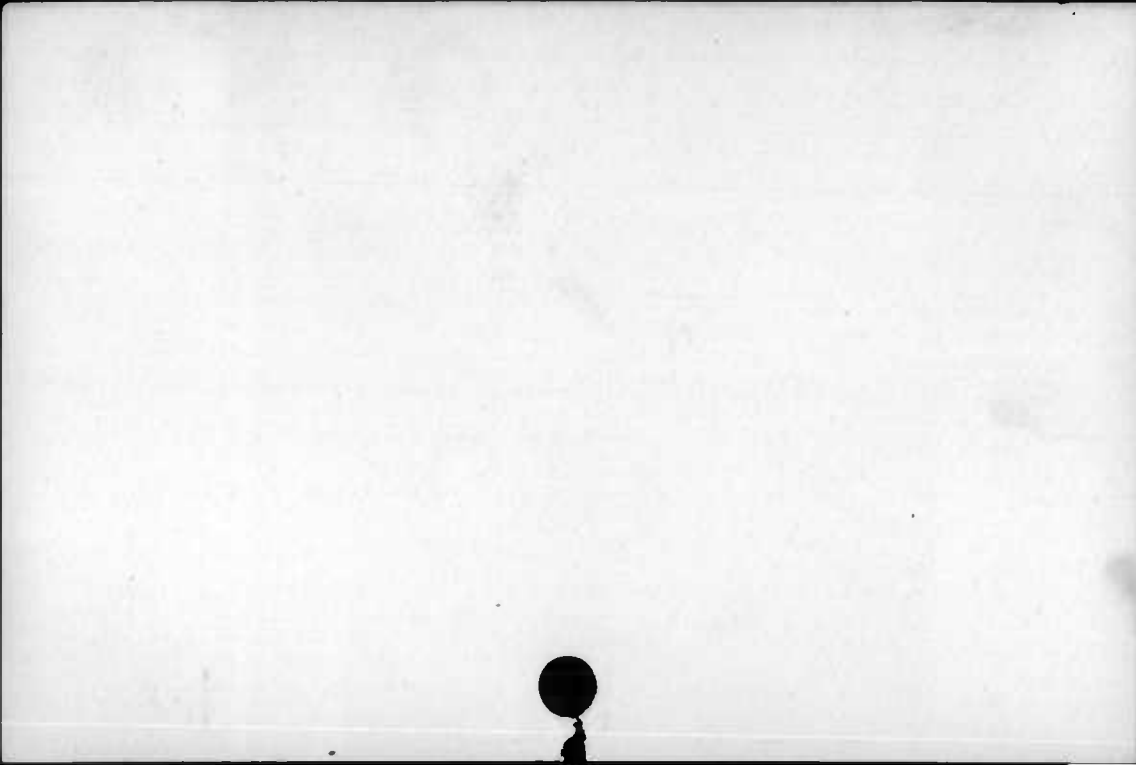
Yes

Signature of Physician

Address

T. Clyde Rountson
Buckhempstown

Accident or Suicide?



Name
in
Full

Abraham Lincoln Englebrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

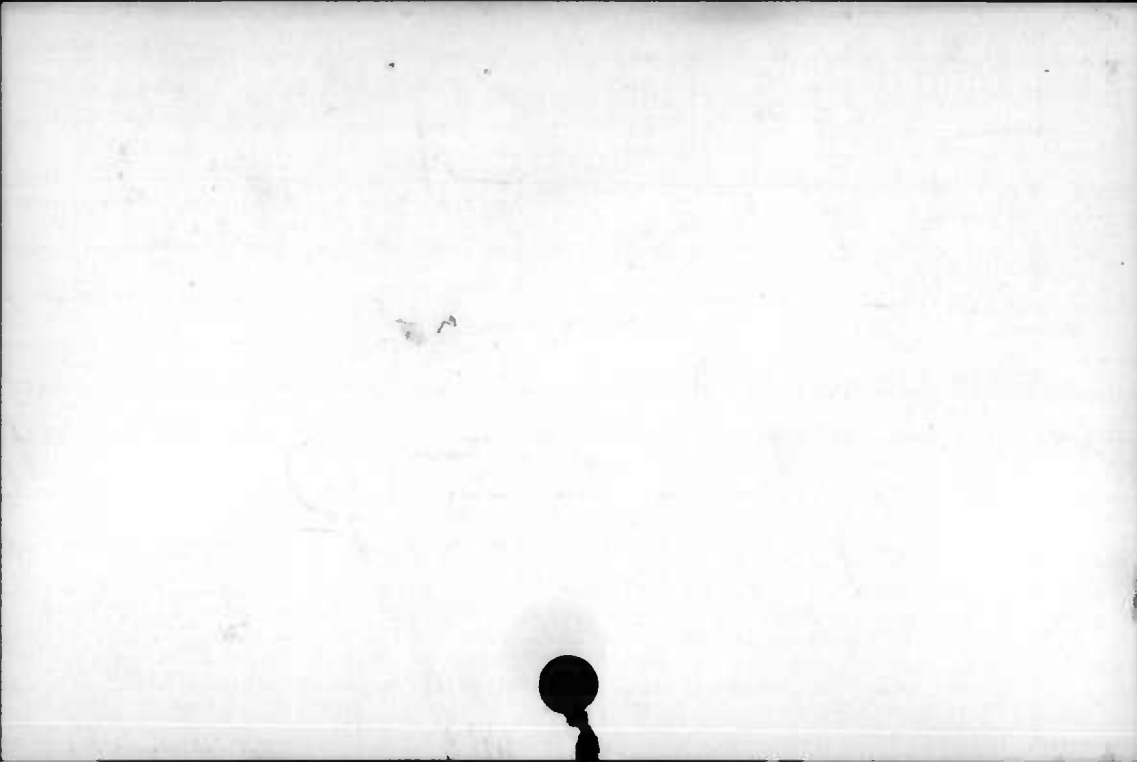
Died at <i>Near Jefferson</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>10</i>	Age <i>41</i>	Months	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fred Co</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Jefferson</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Gertrude V. Atkins</i>				
Father's Name <i>Philip M. Englebrecht</i>	Father's Birthplace <i>Frederick</i>		Mother's Birthplace <i>Frederick</i>		
Mother's Maiden Name <i>Selma Storr</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Gertrude V. Englebrecht</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Boteler, Esq.</i>
	Address <i>Jefferson</i>
	<i>Fred Co Md</i>
Accident or Suicide?	



Name
in
Full

Lloyd Buckman Eyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Union Bridge		County Frederick		MARYLAND	
Date of death	1908	Month Mar	Day 10 th	Age —	Years —	Months 1	Days 29
Sex	Male		Color or Race	White		Birth- place	Baltimore City
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Sterling Greenwood					Father's Birthplace	Carroll Co
Mother's Maiden Name	Edith Boone					Mother's Birthplace	Frederick Co
Name of person giving Information	Chas. Eyler					How related to deceased	None

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	Erysipelas	How long	3 weeks
Immediate	Pneumonia Infection	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. B. Howe
		Address	Liberty Town, Ind.
Accident or Suicide?			



Name
in
Full

Martha Ellen S. Suggan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

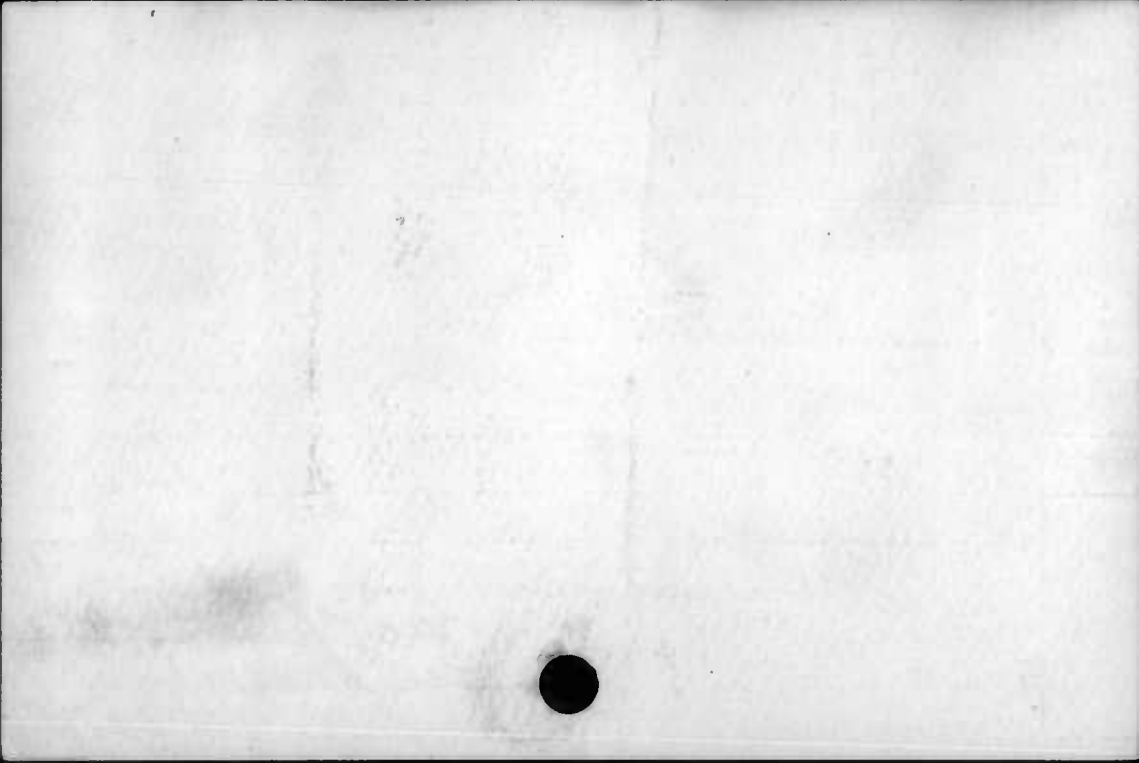
Died at Weldon <small>Town</small>		Fredrick <small>County</small>		MARYLAND			
Date of death	1908	March <small>Month</small>	15 <small>Day</small>	75 <small>Years</small>	— <small>Months</small>	— <small>Days</small>	
Sex	Female		Color or Race	Black		Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death			Weldon
Married, Single or Widowed	married		Name of Wife or Husband				Singleton S. Suggan
Father's Name	Sebastian Hammond				Father's Birthplace	Maryland	
Mother's Maiden Name	Mabel Howard				Mother's Birthplace	Maryland	
Name of person giving information	Jerry Hammond				How related to deceased	Brother	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia	How long	four weeks.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. T. Clark
Yes.		Address	Troy, Louisville, Mo.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

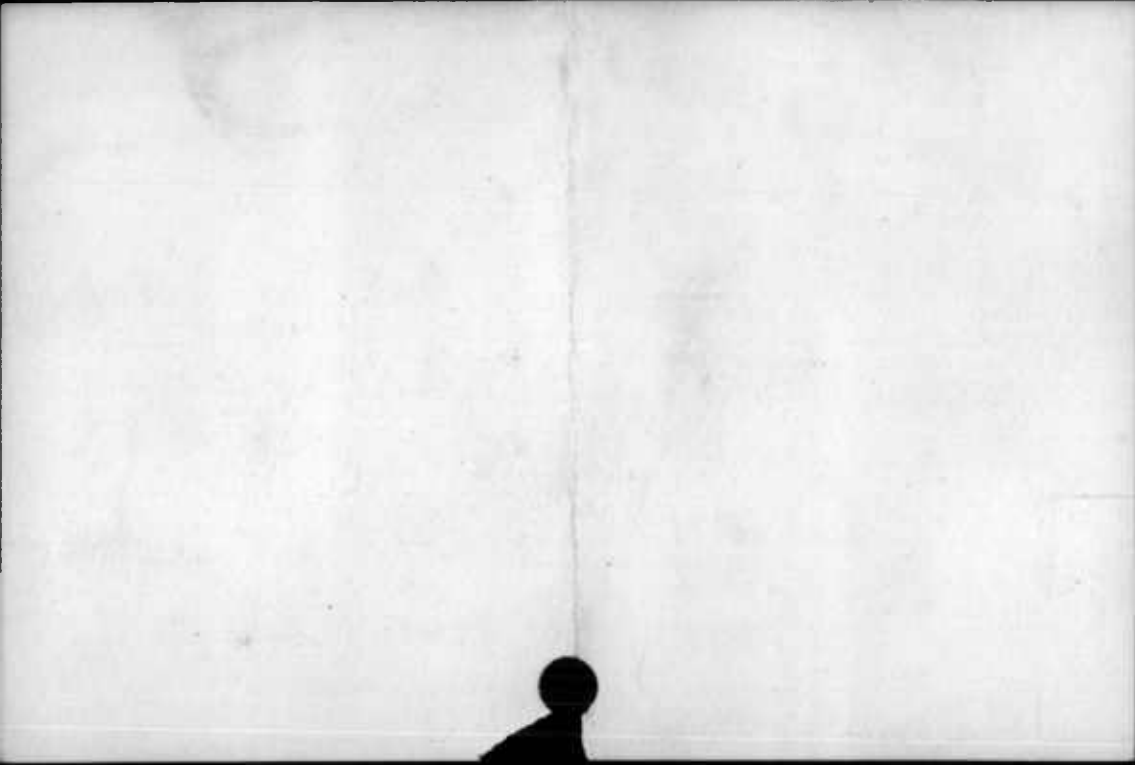
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>Mar</i>	Day <i>9</i>	Age <i>76</i>	Years <i>11</i>	Months <i>29</i>	Days <i>29</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>New Brunswick.</i>			
Occupation <i>Retired Farmer.</i>		Where Residing if not at place of death <i>Woodboro, Fredk. Co., N.J.</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Lock.</i>					
Father's Name <i>Phillip Hogle</i>		Father's Birthplace <i>New Brunswick</i>					
Mother's Maiden Name <i>Lynd Brown</i>		Mother's Birthplace <i>New Brunswick</i>					
Name of person giving information <i>John T. Hogle.</i>		How related to deceased <i>A son.</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Cystitis</i>	How long	<i>Some months</i>
Immediate	<i>Emaciation</i>	How long	<i>6 or 8 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Needix</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name
in
Full

Laura Gaillard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

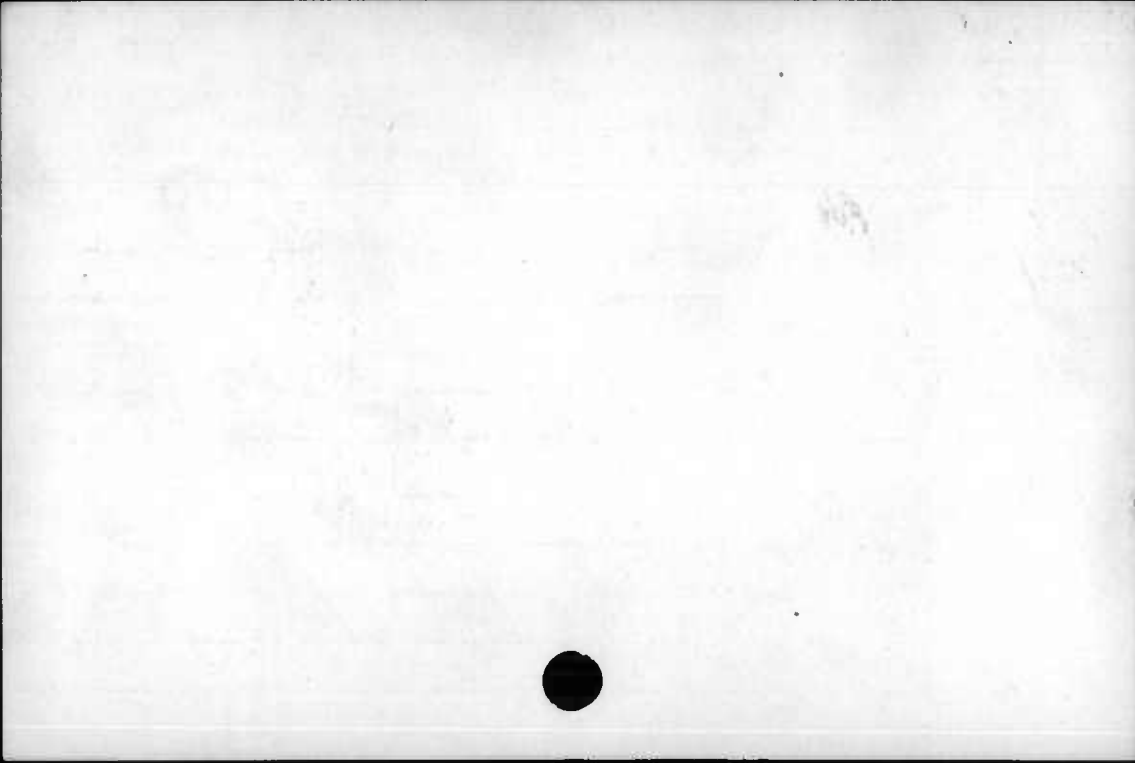
Died at <i>Burkittsville</i> ^{Town}		<i>Fred.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Mar.</i>	Day <i>24</i>	Age <i>30</i>	Years <i>30</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Charles town, Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Alice Snowden</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Youstet</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Susan S. Gaiingo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

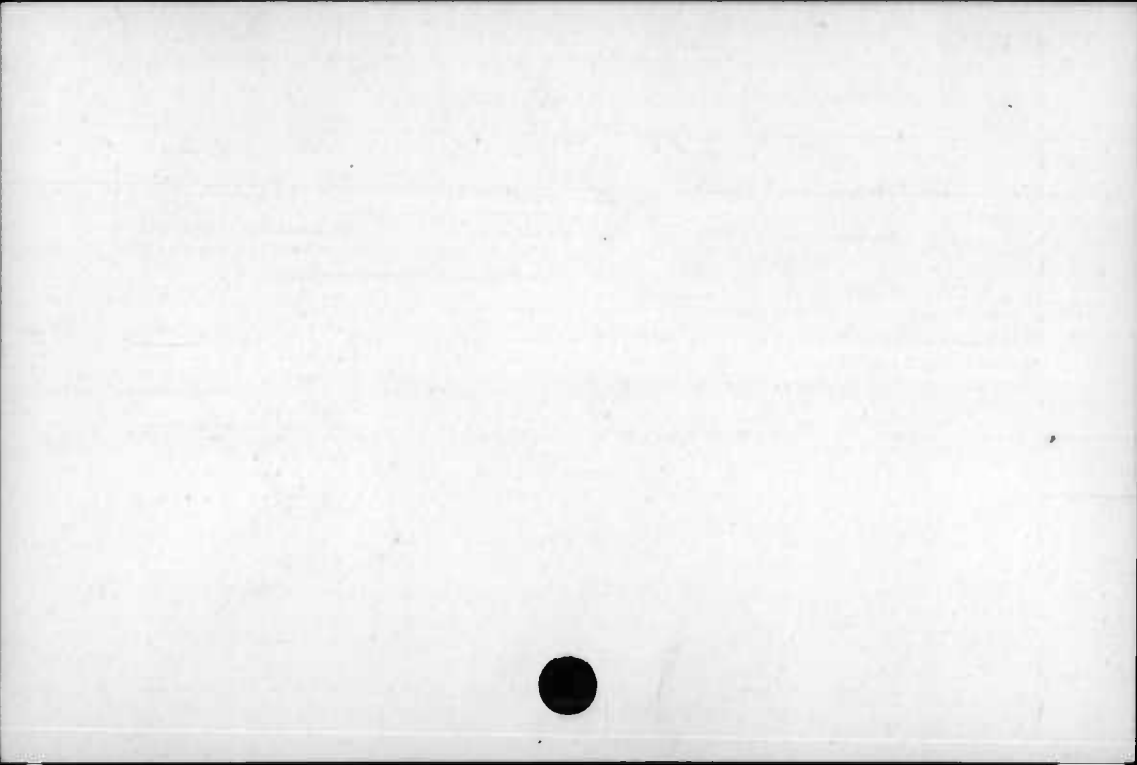
Died at <i>Bartonsville</i>		Town <i>Bartonsville</i>		County <i>Fredenshaw</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>28</i>	Age <i>25</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Berwick Co. Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Gaiingo</i>					
Father's Name <i>Charles Butcher</i>		Father's Birthplace <i>Fred Co Md.</i>					
Mother's Maiden Name <i>Louisa Burkow</i>		Mother's Birthplace <i>Fred Co Md.</i>					
Name of person giving information <i>G. G. Leaty</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Goodman</i>
	Address
Accident or Suicide?	



Name
in
Full

Annie M Gaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredrick</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>13</i>	Age <i>19</i> -	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ellerton Md</i>		
Occupation <i>Worked in harness mill</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Martin L Gaver</i>	Father's Birthplace <i>Ellerton Md</i>				
Mother's Maiden Name <i>Mary S Klein</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Martin L Gaver</i>	How related to deceased <i>Father</i>				

Dress ignited from gasoline stove.

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burn of over half surface of body</i>	How long <i>About 2 weeks</i>
Immediate <i>Sepsaemia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hedger</i>
<i>Burn by fire - accident</i>	Address <i>Fredrick</i>
Accident or Suicide? <i>accident</i>	



Name in Full Jennie G Hanes		Town Brunswick		County Fredricks		CERTIFICATE OF DEATH	
Died at Brunswick		MAYLAND					
Date of death 1908		Month 3		Day 9		Age 34	
Sex Female		Color or Race white		Birth-place Virginia		Months Days	
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Carlton G Hanes					
Father's Name John Beggarly		Father's Birthplace Va					
Mother's Maiden Name Rebecca Rudisil		Mother's Birthplace Va					
Name of person giving information Carlton G Hanes		How related to deceased Husband					
CAUSES OF DEATH 27							
Primary Bronchitis + Peritonitis		How long 3 or 4 Months					
Immediate Acute Pulmonary Tuberculosis		How long 1 or 2 mos.					
Are the name, age, sex, color, date and place correctly given above? ✓		Signature of Physician H. F. Scham (MD)					
		Address Brunswick					
Accident or Suicide? 2		MB					



Name
in
Full

Noah Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Brunswick		Madison		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Mar	27	51			
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	B & O Conductor			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband Jennie Jamison			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Henry Hill			How related to deceased Brother			

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Revol. Shot: Suicide	How long	at once
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. G. Horine	
		Address Brunswick Md	
Accident or Suicide?			



Name
in
Full

Winn Rudolph Hoffman

CERTIFICATE OF DEATH

Died at *Harmony Grove Frederick*

MARYLAND

Date of death *1903* Month *3* Day *7* Age *7* Years *9* Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Harmony Grove*

Occupation *—* Where Residing if not at place of death *—*

~~Married~~, Single
~~Widowed~~

Name of Wife or Husband *—*

Father's Name *Joseph Hoffman*

Father's Birthplace *Fredk Co.*

Mother's Maiden Name *Helen Myers.*

Mother's Birthplace *Fredk Co.*

Name of person giving information *Joseph Hoffman*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary

Marasmus

How long

5 mos.

Immediate

Gastro-enteritis

How long

48 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

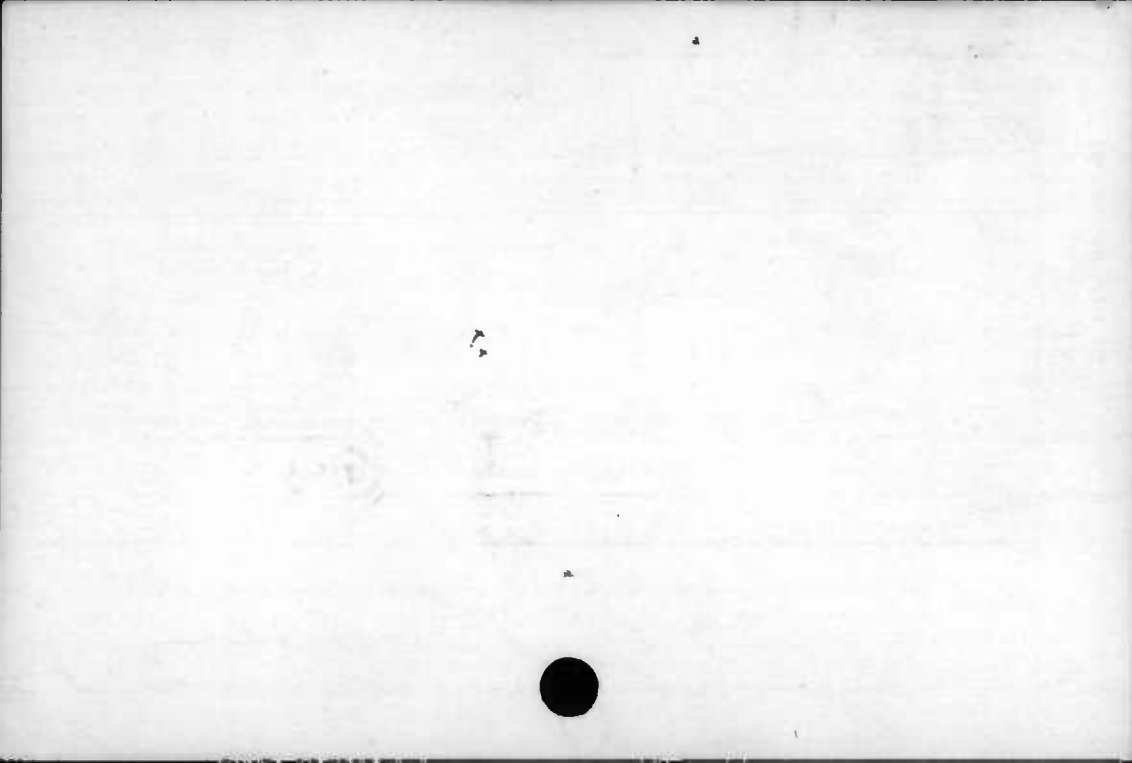
Address

J. H. Long
Frederickville
Md.

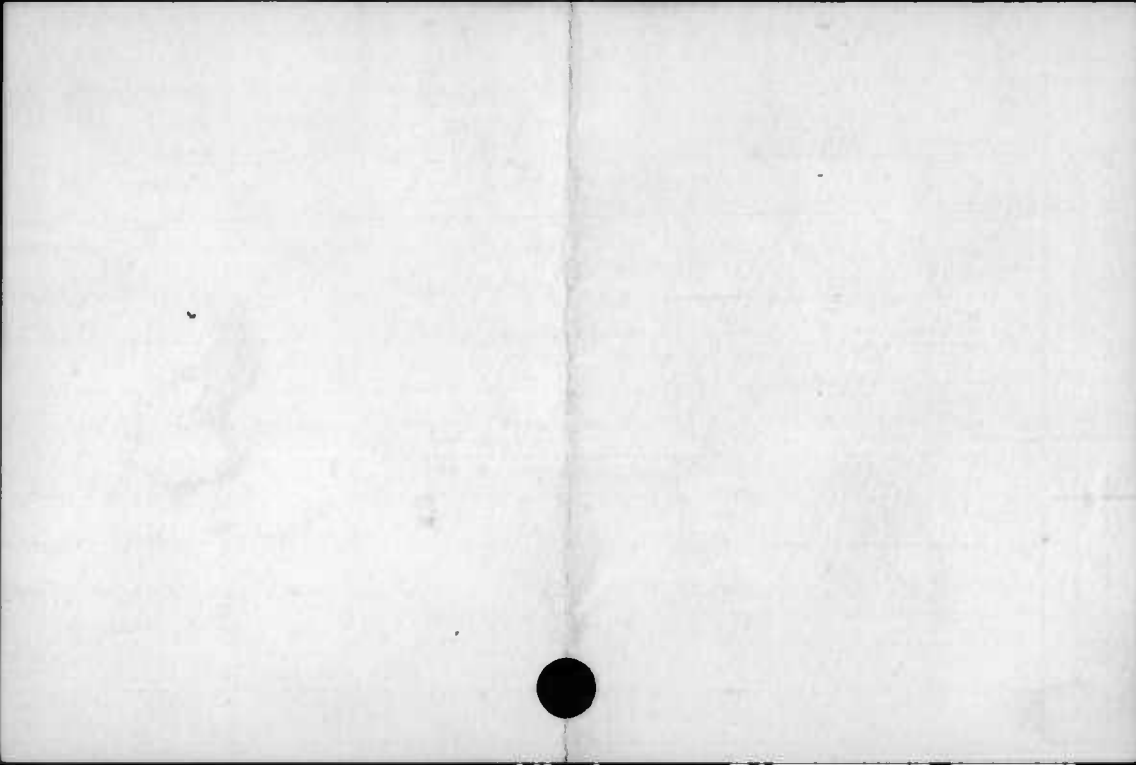
Accident or Suicide?

LIBRARY BUREAU A55516

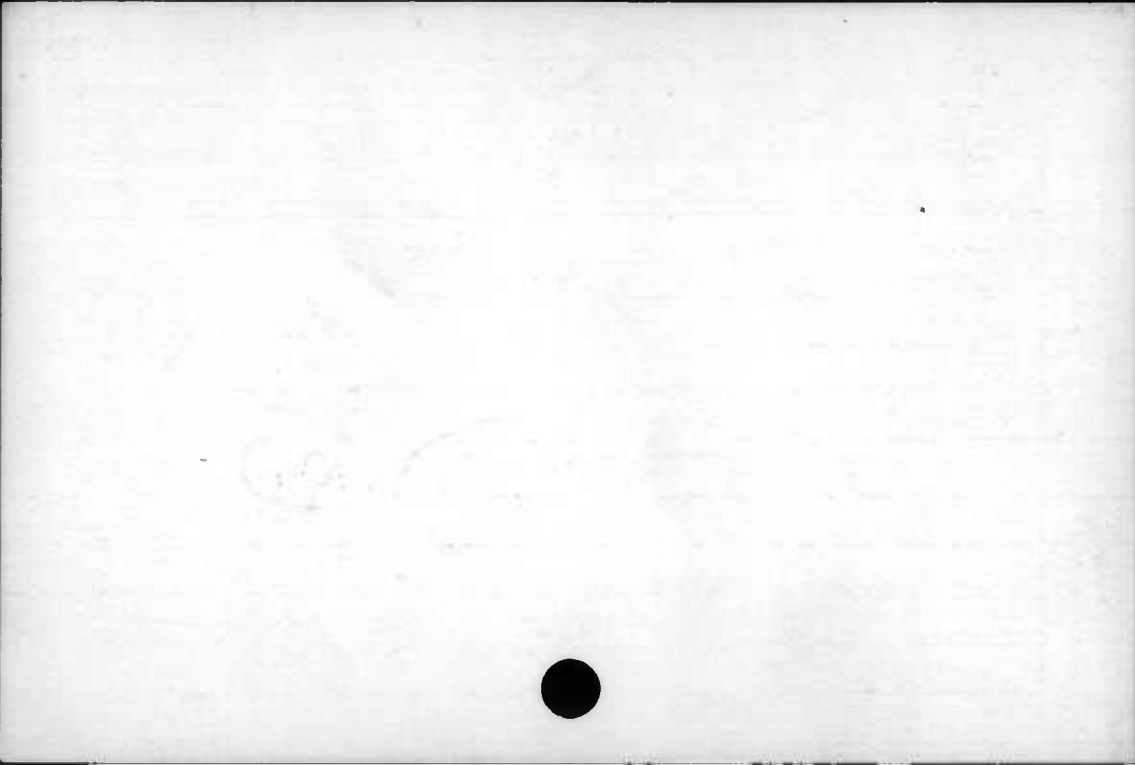
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH									
Julia A Hood		Int King		Fredk Co		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1908		March		17		83									
Sex		Female		Color or Race		White American		Birth-Place		Fredk Co Md					
Occupation		Retired		Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Husband		Henry Hood									
Father's Name		Otto Brachman		Father's Birthplace		Fredk Co									
Mother's Maiden Name		Richard T. Harding		Mother's Birthplace											
Name of person giving information		Hannah M. Bobb		How related to deceased		Daughter									
				CAUSES OF DEATH		114									
Primary		Catarrh of fundus		How long		2 mos.									
Immediate		asthenia		How long											
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. E. Gaver									
				Address		Int King Md									
Accident or Suicide?															



Name in Full		John Norton Knudley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Fountain Mills Md		County Frederick		MARYLAND
	Date of death		1908	Month March	Day 26	Age 53	Years Months Days
	Sex		Male		Color or Race White		Birth-place Maryland
	Occupation		Farmer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Mary S Knudley		
	Father's Name		George F Knudley		Father's Birthplace		Md
	Mother's Maiden Name		Mary E Boyer		Mother's Birthplace		Md
Name of person giving information		J M Knudley		How related to deceased		Brother	
		CAUSES OF DEATH		104			
PHYSICIAN OR CORONER	Primary		Acute intoxication		How long 3 hrs		
	Immediate		Heart Failure		How long —		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. C. Fout M.D.		
					Address Kemp town Md		
	Accident or Suicide?		—				



Name
in
Full

Sarah E. Klipp

CERTIFICATE OF DEATH

Town

Died at

Frederick

County

Frederick

MARYLAND

Date

of death 1908

Month

3

Day

2

Age

Years

4

Months

6

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles H. Klipp

Father's
Birthplace

F. Co. Md

Mother's
Maiden Name

Minnie M. Putman

Mother's
Birthplace

" " "

Name of person giving
In formation

Minnie Klipp

How related
to deceased

Aunt.

CAUSES OF DEATH

146

Primary

Mastoiditis

How long

1 week

Immediate

Acute Meningitis

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Salmer

Address

23 E Church St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Mt Olivet:

" Mar 4 - 08

Thomas P. Rice F. D.

Dr Busck

Dr McCurdy

Name
in
Full

CERTIFICATE OF DEATH

Mr. J. R. Hoons

TO BE ANSWERED BY
NEAREST FRIEND

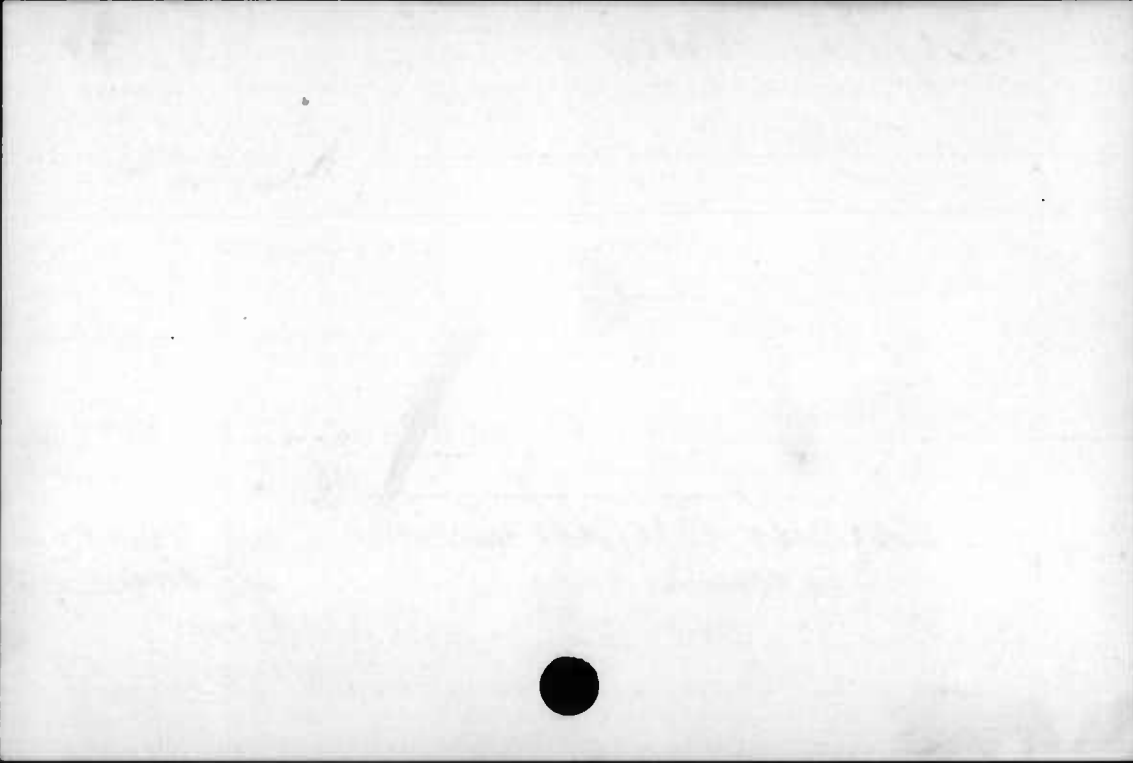
Died at <i>Frederick City Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>March</i>	Day <i>18</i>	Age <i>32</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co Md</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Taunton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Geo. W. Hoons</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Sarah H. Boston</i>		Mother's Birthplace <i>Carroll Co Md</i>					
Name of person giving information <i>Milton A Hoons</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis.</i>	How long <i>Two days</i>
Immediate <i>General peritonitis.</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. B. Johnson M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

Ruffus Krug

CERTIFICATE OF DEATH

Died at *Motters* Town

County

Frederick

MARYLAND

Date
of death 1908

Month

3

Day

31

Age

Years

67

Months

6

Days

17

Sex

*Male*Color or
Race*White*Birth-
place*Pa*

Occupation

*Farmer*Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband*Susan Marks*Father's
Name*Daniel Krug*Father's
Birthplace*Pa*Mother's
Maiden Name*Priscilla Triple*Mother's
Birthplace*"*Name of person giving
In formation*Dolly Triple*How related
to deceased*Sister*

CAUSES OF DEATH

120

Primary

Chronic Bright's Disease

How long

5 years.

Immediate

Nephritis

How long

*2 days.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*H. W. Estlin
Emmitsburg Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John W. Lee.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1908	Month 3	Day 27	Age 65	Years —	Months —
	Sex	Male		Color or Race	Black		Birth- place
	Occupation	Laborer		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Married		Name of Wife or Husband		Hannah Briscoe.	
	Father's Name	William Lee		Father's Birthplace		Md	
	Mother's Maiden Name	Unknown		Mother's Birthplace		—	
Name of person giving In formation	Mrs Lee		How related to deceased		Wife		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">79</div>							
PHYSICIAN OR CORONER	Primary	Valvular affection of heart (mitral)				How long Several years	
	Immediate	Exhaustion				How long Several days	
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				U. G. Bourne, M.D.		
Address				Fredk, Md.			
Accident or Suicide?				—			

Interment at Greenmount.

" Mar 29 - .08

Thomas P. Rice

Dr. Bourne,

Dr McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

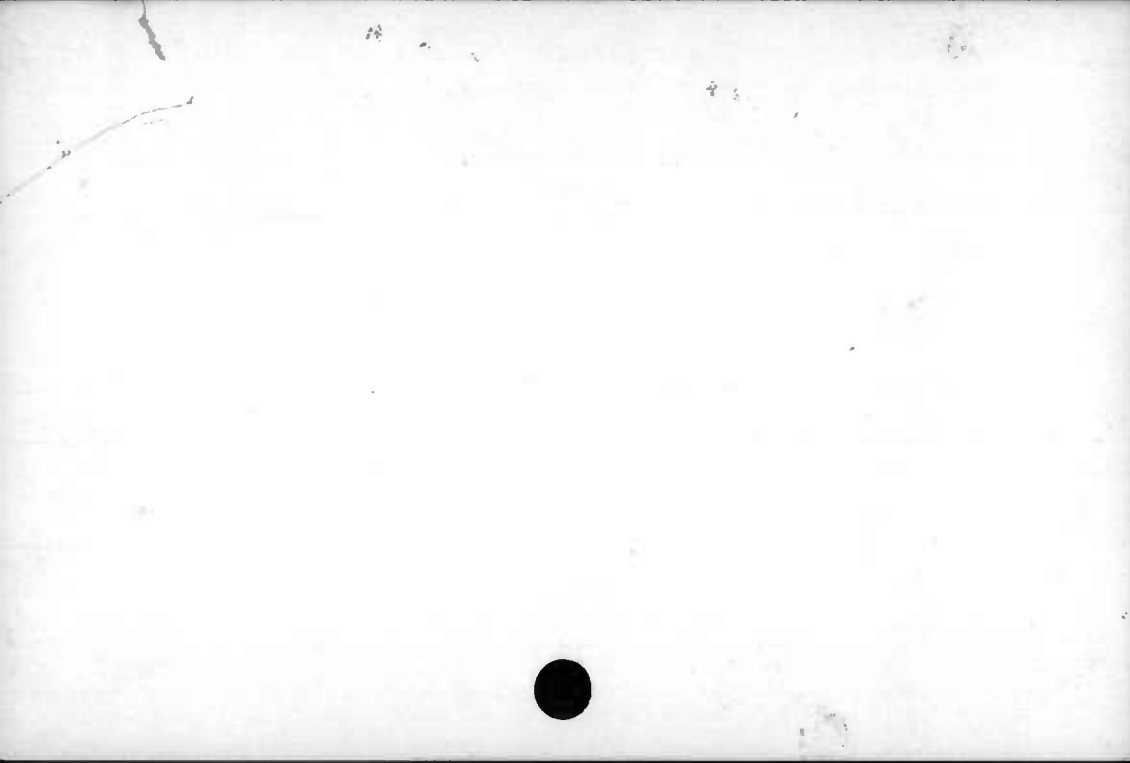
Died at <i>Garfield</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>26</i>	Age <i>X</i> <small>Years</small>	Months <i>9</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garfield</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>J. L. Mumma</i>			Father's Birthplace <i>Waynesboro</i>		
Mother's Maiden Name <i>Mrs L. V. Lewis</i>			Mother's Birthplace <i>Garfield Md.</i>		
Name of person giving information <i>C. F. Lewis</i>			How related to deceased		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Pneumonia</i>		How long <i>2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Davidson</i>	
	Address <i>Wolfsville Md.</i>	
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Wettersville* Town *Indiana* CountyDate of death *1908* Month *3* Day *14* Age *—* Years Months *5* Days *—*Sex *Female* Color or Race *Caucasian* Birth-place *Ind*Occupation *X* Where Residing if not at place of death *X*Married, Single or Widowed *X* Name of Wife or Husband *X*Father's Name *Web. Luby* Father's Birthplace *Ind*Mother's Maiden Name *Fannie Cartwright* Mother's Birthplace *Ind*Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

176

Primary *Asphyxiated (uncertain)* How long *Sudden*Immediate *perhaps "overlaid", or suffocated in bed by bed clothing* How long

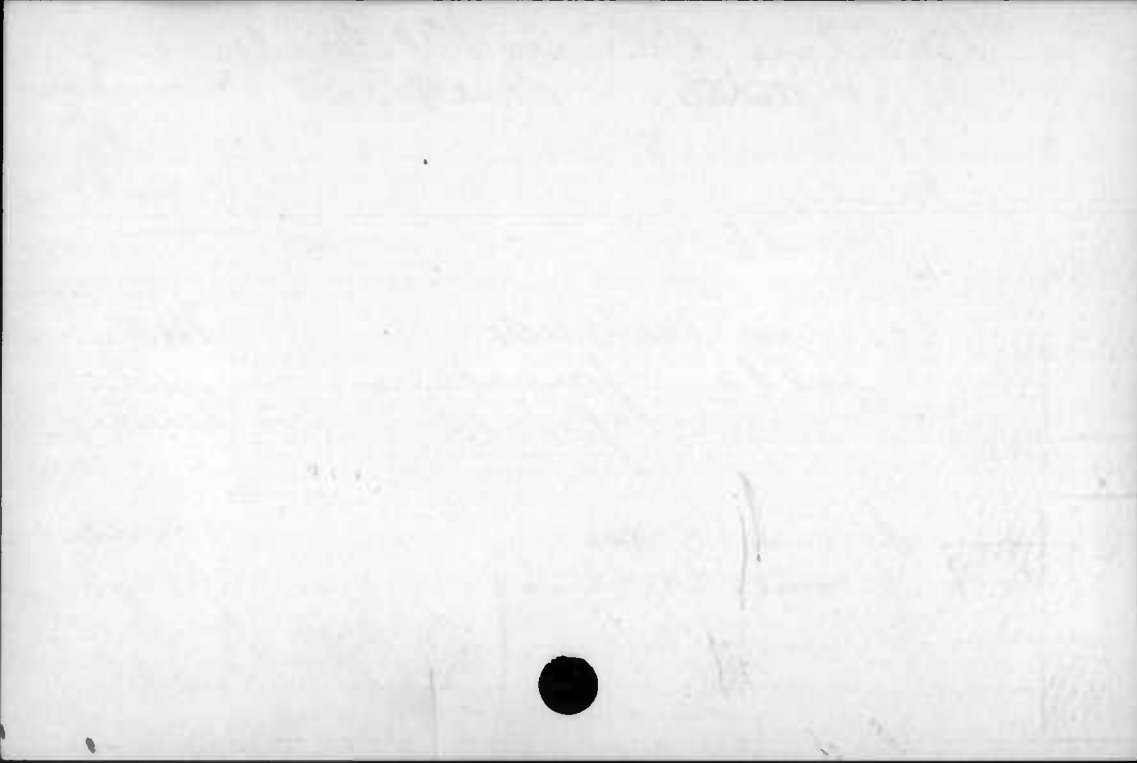
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*J. D. McDermott**Wettersville Ind*Accident or Suicide? *Accident*



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burkettsville</i>		Town <i>Fried.</i>		County <i>K.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Mar</i>	Day <i>7</i>	Age	<i>11</i>	Months <i>20</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Burkettsville, Md.</i>
Occupation	<i>Child</i>			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>Amos McBride</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Jella Younkins</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Levin Younkins</i>					How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Incontinence	How long	6 mo
Immediate	Acute Gastritis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	George Youniss
		Address	Burgettsville Maryland
Accident or Suicide?			



Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

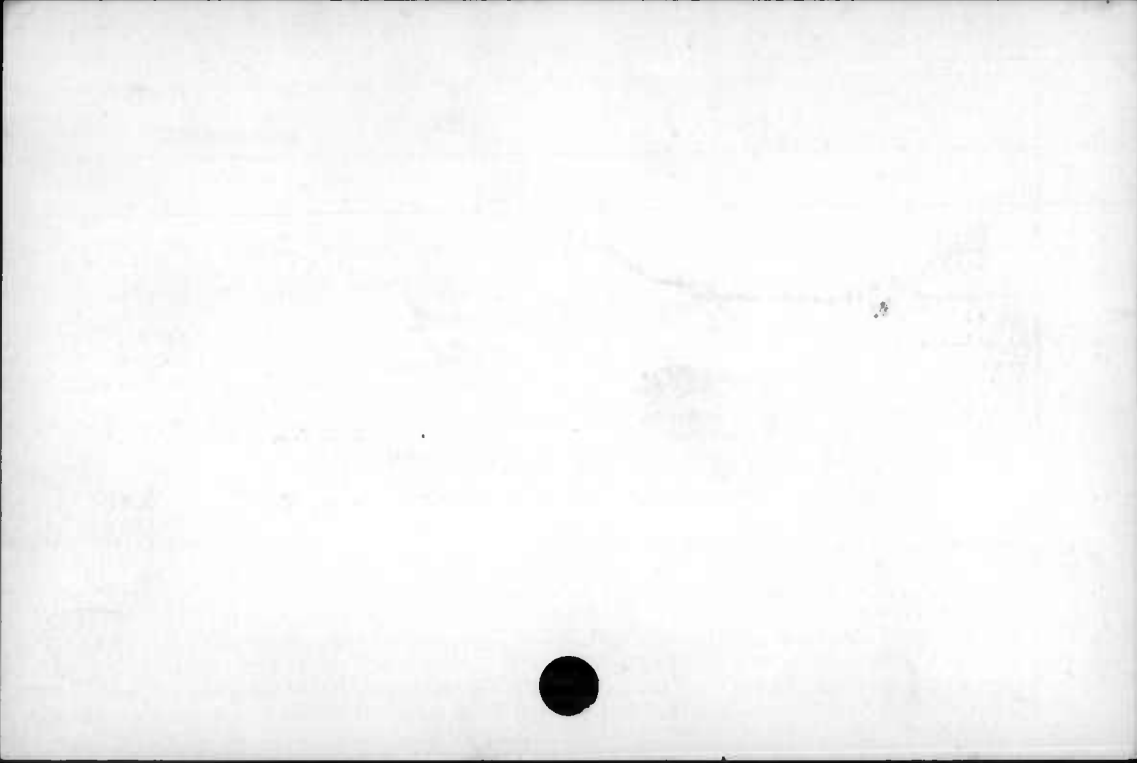
Died at <i>Wm. Mc Bride & H</i>		Town <i>Wm. Mc Bride & H</i>		County <i>Wm. Mc Bride & H</i>	
Date of death <i>1908</i>		Month <i>March</i>	Day <i>23</i>	Age <i>83</i>	Years <i>83</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		Months <i>—</i>	Days <i>—</i>
Occupation <i>Retired Farmer</i>	Where Residing If not at place of death <i>X</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or <i>Elizabeth H. McBride</i>				
Father's Name <i>Henry McBride</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Roderick</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Debilit</i>	How long <i>4 mos</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Fortner</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

Harry H. Mc Kissick

Town

County

MARYLAND

Died at

Monte Hospital

Frederick

Date

of death 1909

Month

Mar

Day

13

Years

Age 45

Months

~~5~~

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co

Occupation

None

Where Residing if not
at place of death

Monte Hospital

Married, Single
or Widowed

Single

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Hospital

How related
to deceased

Unknown

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

Immediate

Pulmonary Edema

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

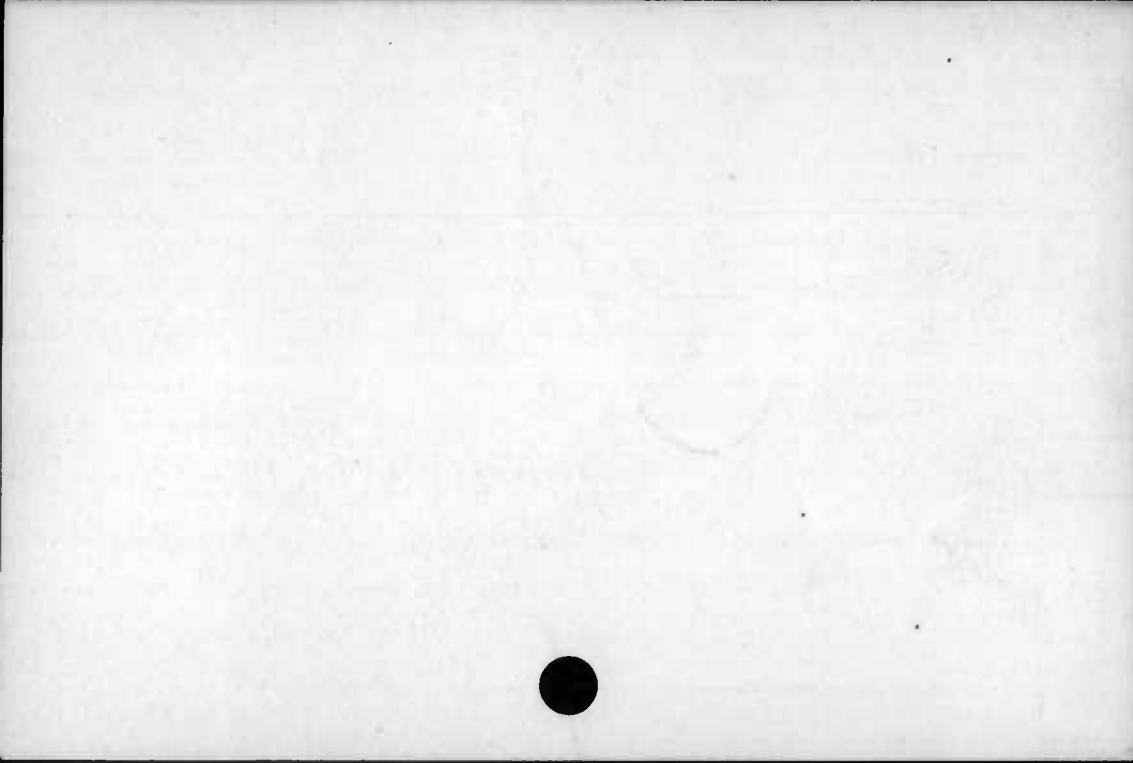
H. S. Lyson

Address

Frederick,
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John F. Weisinger* Town *Fredericks* County *Fredericks*

Died *Nov* *3* *2* *82* *4* *27*

Date of death 1908 Month 3 Day 2 Age 82 Years 4 Months 27 Days

Sex *Male* Color or Race *White* Birth-place *Fredericks, Md*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widower* Name of Wife *Julia A. Harrison*

Father's Name *Joseph Weisinger* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Cain* Mother's Birthplace *"*

Name of person giving information *John Weisinger* How related to deceased *Son*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Genial debility* How long *1 year*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. D. Lyson* Address *Fredericks, Md.*

Accident or Suicide? *---*

Interment at Chestnut Grove
F. Co.

" Mar 5 - 18

Thomas P. Rice F. Co.

Dr. Tyson

Dr Goodell

Dr McBurdy

Name
in
Full

William A. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death	1908	Month	3	Day	10	Age	52
Sex	Male		Color or Race	Black		Birth-place	Fredericks
Occupation	Laborer			Where Residing if not at place of death		Same	
Married, Single or Widowed	Married		Name of Wife or Husband	Lucinda Norris			
Father's Name	Samuel Mitchell				Father's Birthplace	Med	
Mother's Maiden Name	Sophia Brown				Mother's Birthplace	"	
Name of person giving information	Gertrude Loius				How related to deceased	Daughter	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>6 mos</i>
Immediate	<i>Exhaustion</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <i>C. F. Gordon, M.D.</i>	
			Address <i>Fredericks Md</i>	
Accident or Suicide?		<i>no</i>		

Interment at St. John's Cemetery
" Mar 12 - 08

Thomas P. Rice F.D.

Dr. Goodell,

Dr. McCurdy,

Name
in
Full

Viola Ellen Marningstar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Year Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick Co.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>14</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>4</i>		Days <i>16</i>	
Occupation <i>none</i>		Birth-place <i>Fred. Co. Md.</i>		Where Residing if not at place of death <i>same place</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>Fred. Co. Md.</i>		Mother's Birthplace <i>Fred. Co. Md.</i>	
Father's Name <i>John G. Marningstar</i>		Mother's Maiden Name <i>Minnie M. Kauffman</i>		Name of person giving information <i>John G. Marningstar</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute indigestion</i>		How long <i>3 weeks</i>	
Immediate <i>Metastasis to Brain</i>		How long <i>one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. A. Stultz, M.D.</i>	
To best of my knowledge <i>To best of my knowledge</i>		Address <i>Woodsboro Md.</i>	
Accident or Suicide? <i></i>			

John G.
Mumme Jr.

Name
in
Full

CERTIFICATE OF DEATH

Eva Pearl Mossburg
Town County

MARYLAND

Died at *Limekiln*

Westport Co

Date of death *1908 March 11th*

Age *16 months 16 months*

Sex *Girl*

Color or Race *White*

Birth-place *Limekiln*

Occupation *no*

Where Residing if not at place of death

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Charles Mossburg*

Father's Birthplace *Friederich Co. Md*

Mother's Maiden Name *Rosa A. Keyser*

Mother's Birthplace *Friederich Co. Md*

Name of person giving information *Mr Earnest Knicker*

How related to deceased

CAUSES OF DEATH

92

Primary *Broncho Pneumonia*

How long *10 days*

Immediate *Heart Failure*

How long *6 hours.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. M. Smith

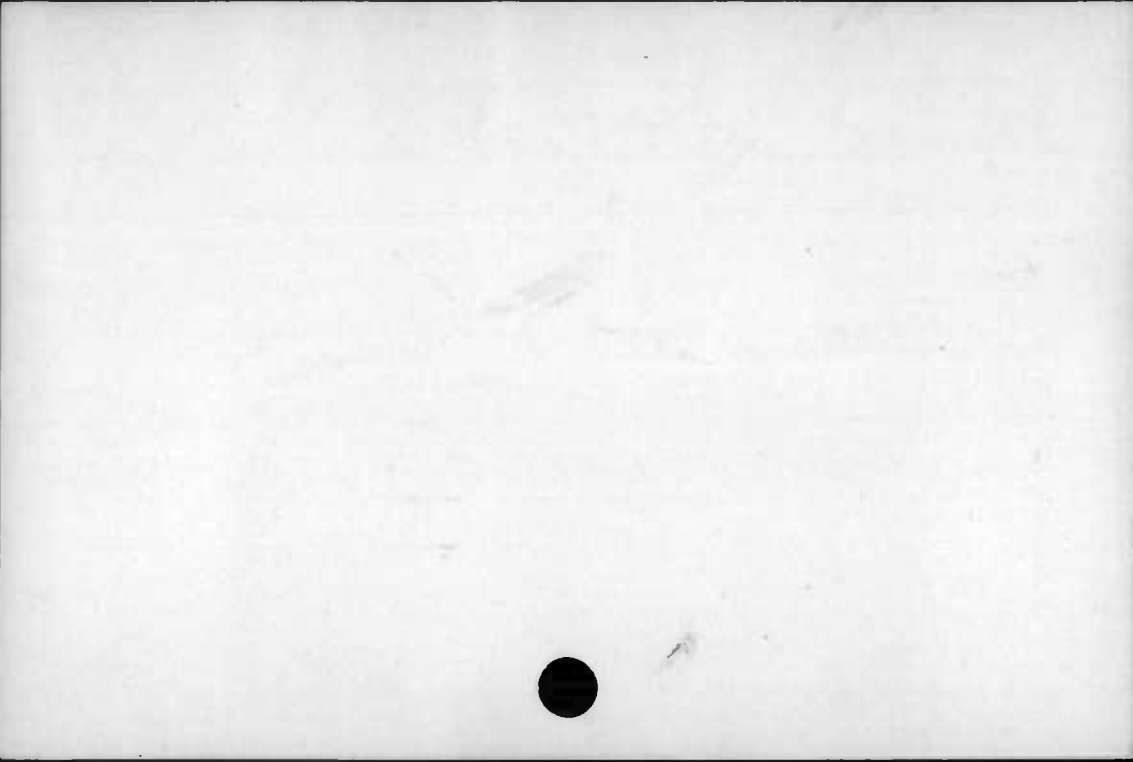
Address

Friederich City.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Mary Edna Nelson		Town Rumfrestown		County Frederick		MARYLAND							
Died at		Date of death		Month Mar		Day 5		Age 1		Years 2		Months 13		Days	
Sex		Female		Color or Race		White		Birth- place		Md					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name		Ernest Nelson		Father's Birthplace		Md									
Mother's Maiden Name		Irene Jane Loraque		Mother's Birthplace		Md									
Name of person giving In formation		Ernest Nelson		How related to deceased		Father									

CAUSES OF DEATH

Primary

Pneumonia

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

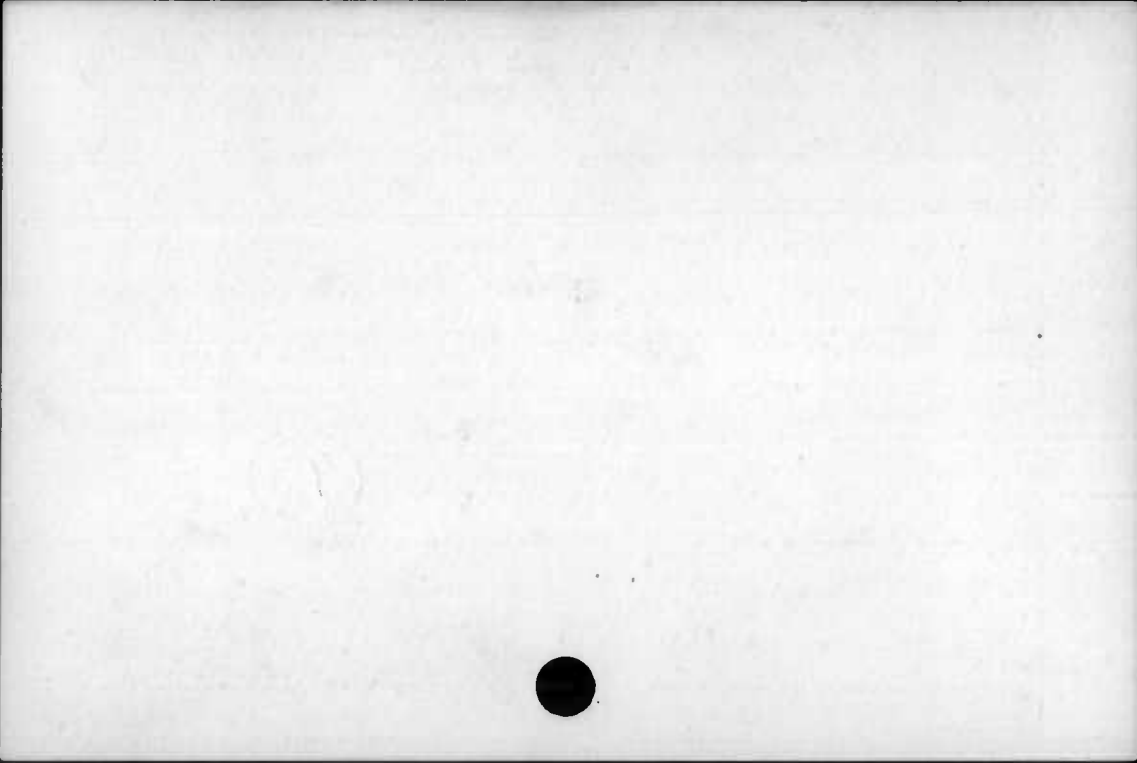
Signature of
Physician

Address

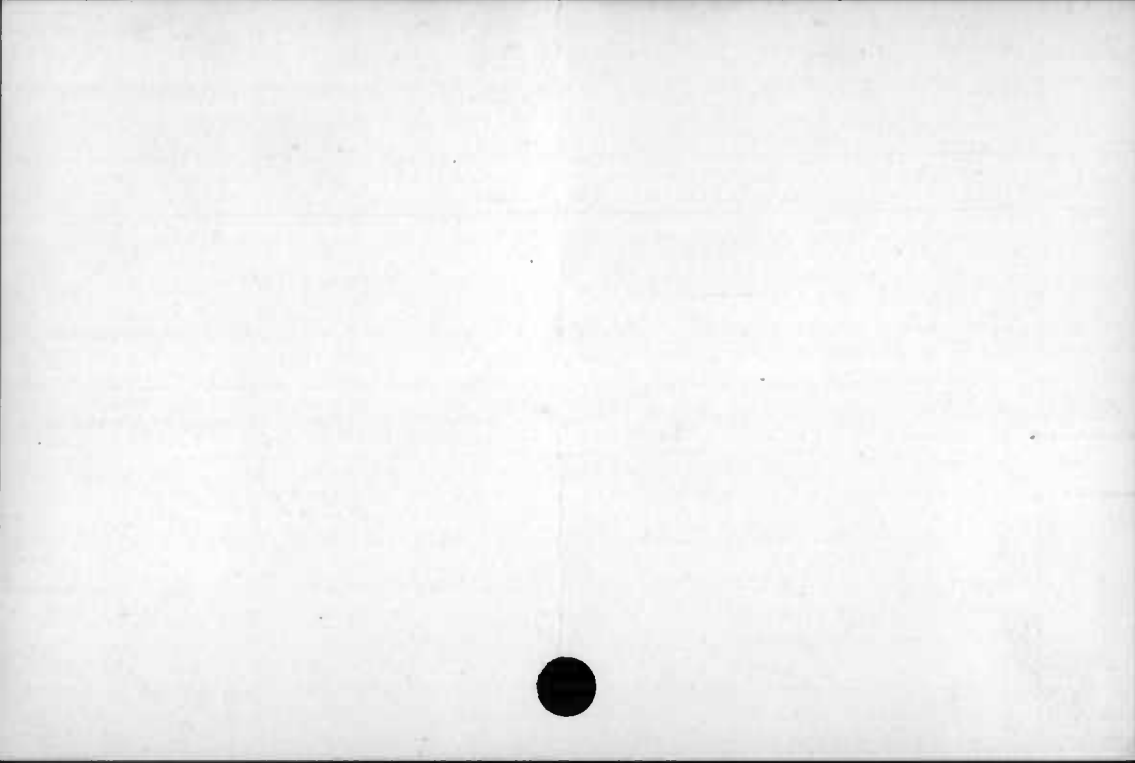
J. A. Peters
Rumfrestown
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Lewis Medtast. Nixdorff -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Indersich</i> ^{Town}		<i>Fredensich</i> ^{County}		MARYLAND		
	Date of death <i>1908</i>	Month <i>3.</i>	Day <i>8</i>	Age <i>82</i>	Years <i>82</i>	Months <i>x</i>	Days <i>x</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indersich City</i>			
	Occupation <i>Ret. Merchant</i>		Where Residing if not at place of death <i>x</i>				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lina P. Miller Nixdorff</i>					
	Father's Name <i>Henry Nixdorff</i>	Father's Birthplace <i>Indersich Md</i>					
	Mother's Maiden Name <i>Sussan Medtast.</i>	Mother's Birthplace <i>Indersich Md</i>					
Name of person giving information <i>J.B. Smith</i>				How related to deceased <i>Nephew</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">104</div>							
PHYSICIAN OR CORONER	Primary <i>In digestion -</i>				How long <i>1 hour</i>		
	Immediate <i>Paralysis of Heart</i>				How long <i>x</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Franklin Buchanan Smith</i>				
			Address <i>Indersich City, Md.</i>				
Accident or Suicide? <i>No</i>							



Name
in
Full

Frederick Olaved

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

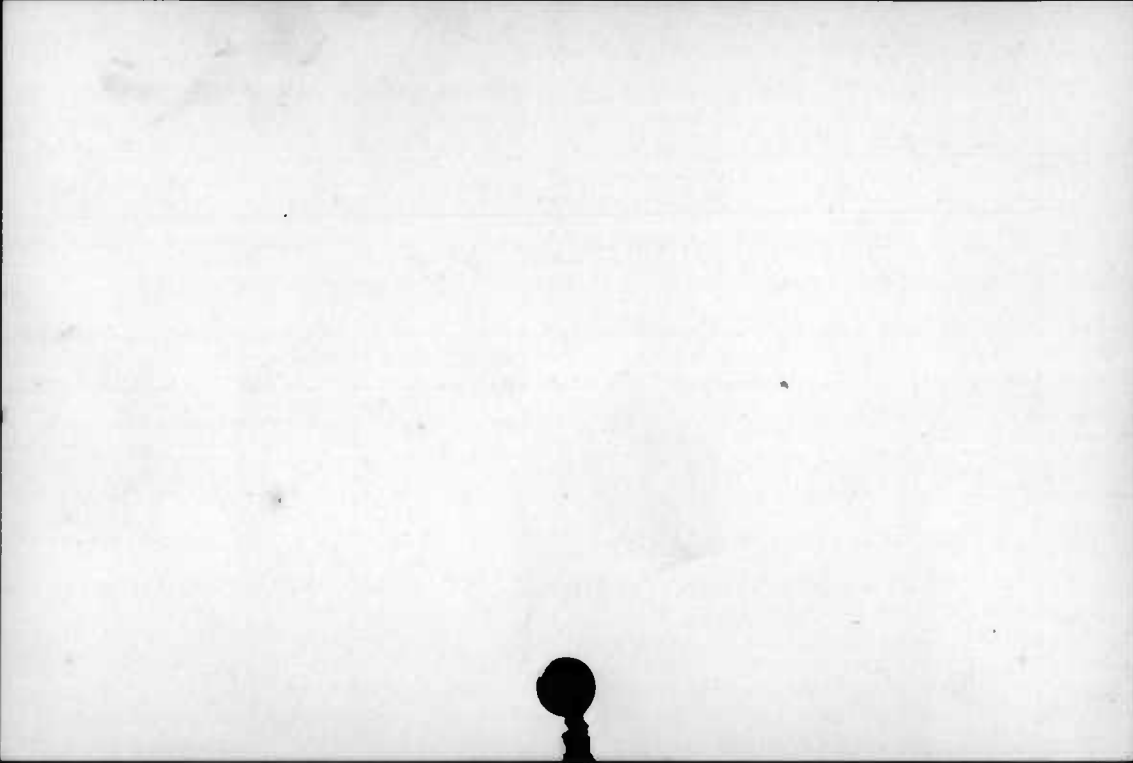
Town <i>Neas Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month <i>March</i>	Day <i>30</i>	Years <i>86</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>ind.</i>		
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>Henry Olaved</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Christina Maeffer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mrs. Emilie's daughter</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Congestion of lungs, Organic Heart disease</i>	How long
Immediate <i>Cardiac Asthenia</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Neudix</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Andrew Orrison

Town

County

MARYLAND

Died at

Monte Hospital Frederick

Date

of death 1908

Month

Mar

Day

28

Years

Age 83

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Laborer

Where Residing if not
at place of death

Monte Hospital

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Hospital Recd

How related
to deceased

X

CAUSES OF DEATH

Primary

Sust debility

How long

1 year

Immediate

Exhaustion

How long

1 week

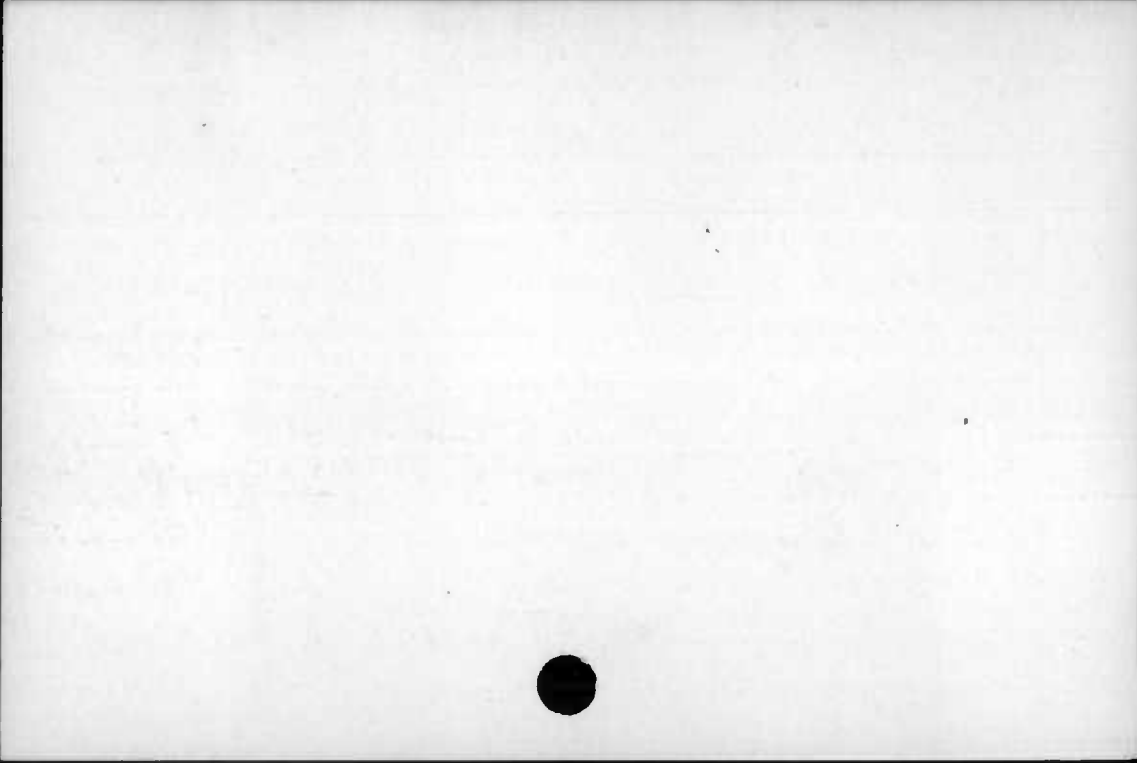
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. S. Lyson,
Frederick,
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Near Ingersville* *Frederick* County
Date of death *1908* *3* Month *28* Day *79* Years *20* Months Days

Sex *Female* Color or Race *White* Birth-place *Near Wolfsville*

Occupation *Housekeeping* Where Residing if not at place of death *Near Ingersville*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Poffinberger*

Father's Name *Henry Brandenburg* Father's Birthplace *Wolfville*

Mother's Maiden Name *Mary Kemper* Mother's Birthplace *Jefferson*

Name of person giving information *Annanda Pattergall* How related to deceased *Daughter*

CAUSES OF DEATH

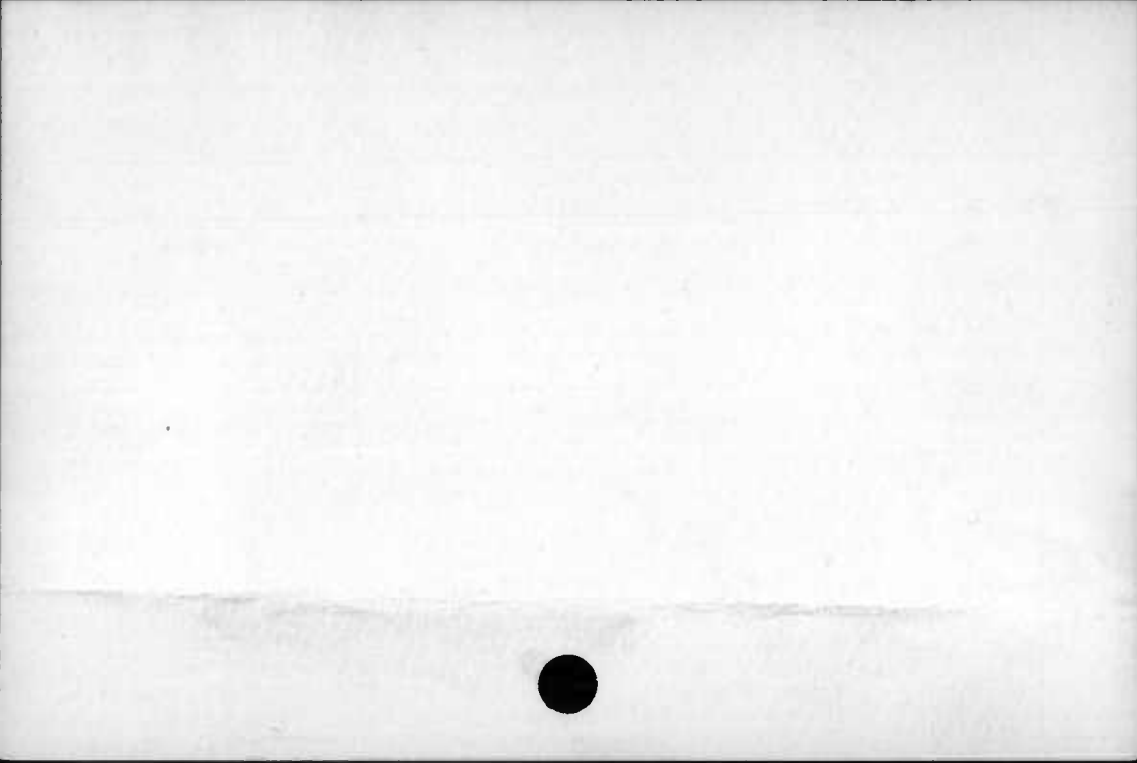
Primary *Pneumonia & General Debility* How long *3 mo*
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Herziah Putnam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

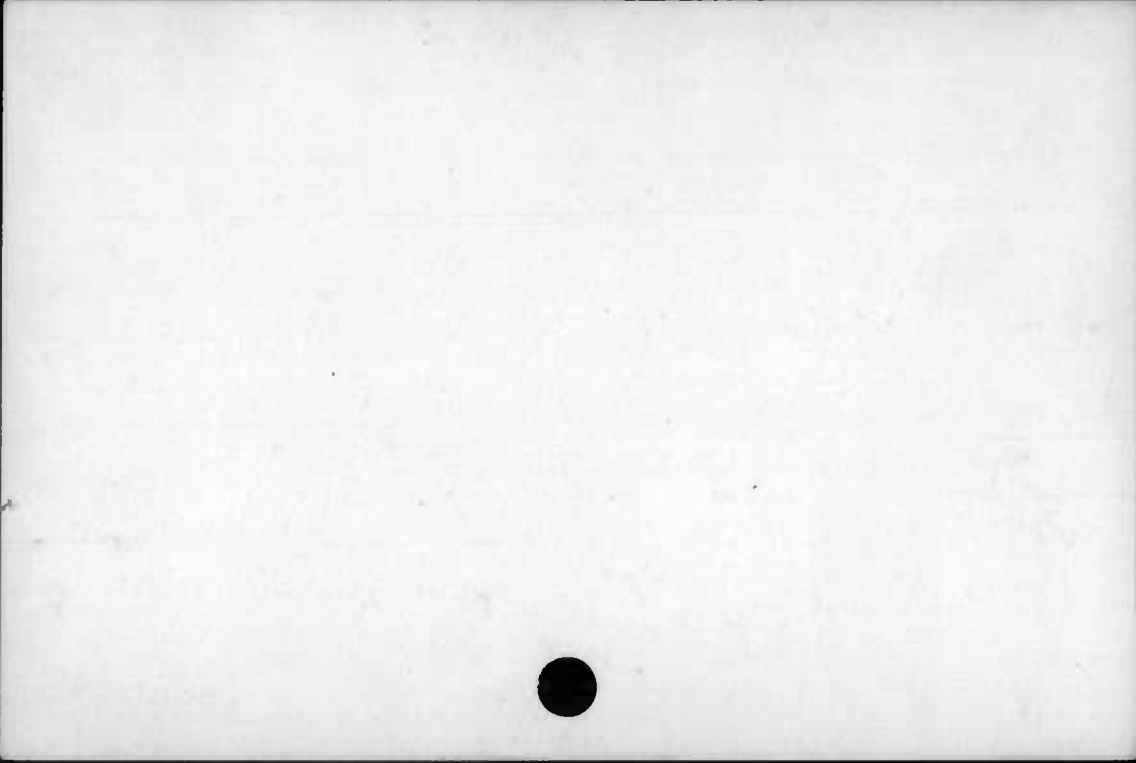
Died at <u>Medwick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>March</u>	Day	<u>1</u>
		Age	<u>74</u>	Years	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>Frederick County</u>			
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	<u>deceased</u>		
Father's Name	<u>John Henry Putnam</u>			Father's Birthplace	<u>Med.</u>
Mother's Maiden Name	<u>Annie E. Summers</u>			Mother's Birthplace	<u>Med.</u>
Name of person giving information	<u>Wm Klipp</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	<p>Probably 6 years with high fever caused by cancer 3 days before death</p>
Immediate	<u>Ataxia & Apoplexy</u>	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	
Signature of Physician	<u>S. J. Haynes M.D.</u>	
	Address	<u>Frederick, Md.</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Lillie Jane Randolph

Town

County

Died at

*Frederick**Frederick*

MARYLAND

Date

1908

Month

3

Day

2

Age

Years

29

Months

—

Days

—

Sex

*Female*Color or
Race*Black*Birth-
place*Med*

Occupation

*Maids*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Peter Randolph*Father's
Birthplace*— Med*Mother's
Maiden Name*Jennie Smith*Mother's
Birthplace*"*Name of person giving
Information*Mrs. Johnson*How related
to deceased*Sister*

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Several months

Immediate

Exhaustion

How long

*" days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. G. Racine, M.D.*

Address

Frederick, Md.

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Greenmount

" Mar 14 - 08

Thomas P. Rice Esq.

Dr Bourne

Dr McCurdy

Name in Full **Edward Enoch Sanders**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

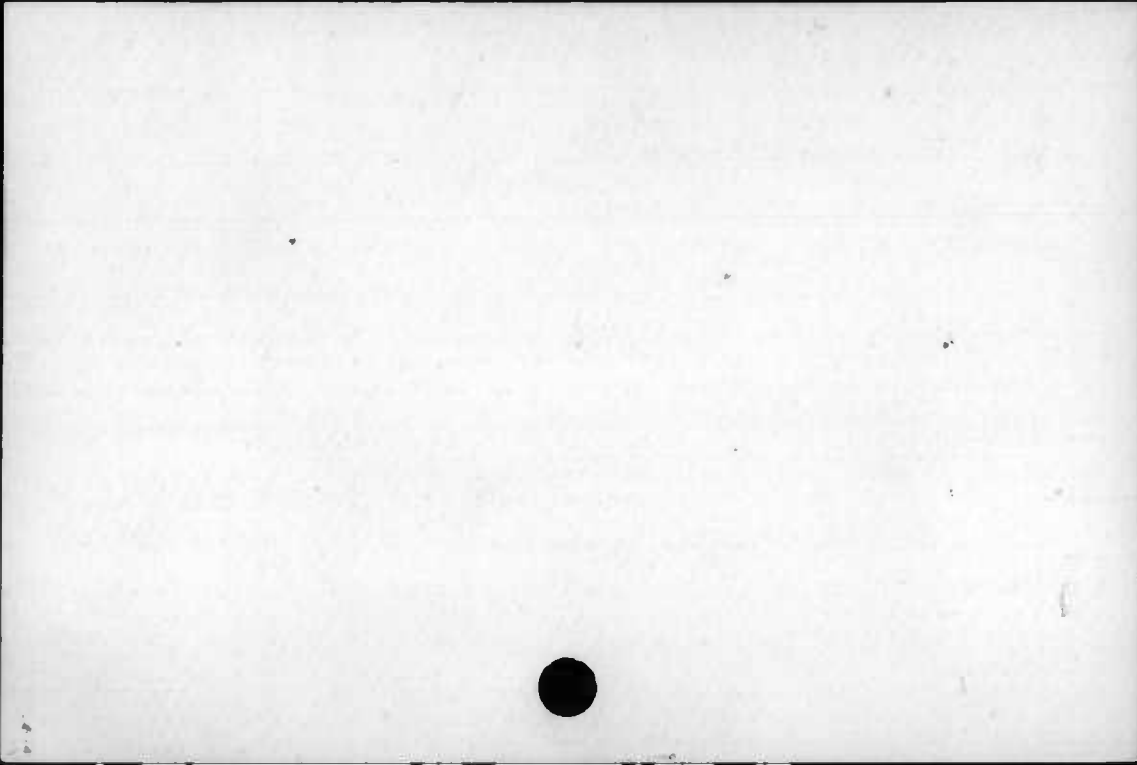
Died at Mount Celie <small>Town</small>		Dundrick <small>County</small>			
Date of death 1908	March <small>Month</small>	8 <small>Day</small>	42 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex Male	Color or Race Black		Birth-place Maryland		
Occupation Labor	Where Residing if not at place of death Mount Celie				
Married, Single or Widowed Married	Name of Wife or Husband Lewina Sanders				
Father's Name Enoch Sanders	Father's Birthplace Maryland		Mother's Birthplace Maryland		
Mother's Maiden Name Jamie Bigio	Name of person giving information Arthur Patterson		How related to deceased Nephew		

CAUSES OF DEATH

(27)

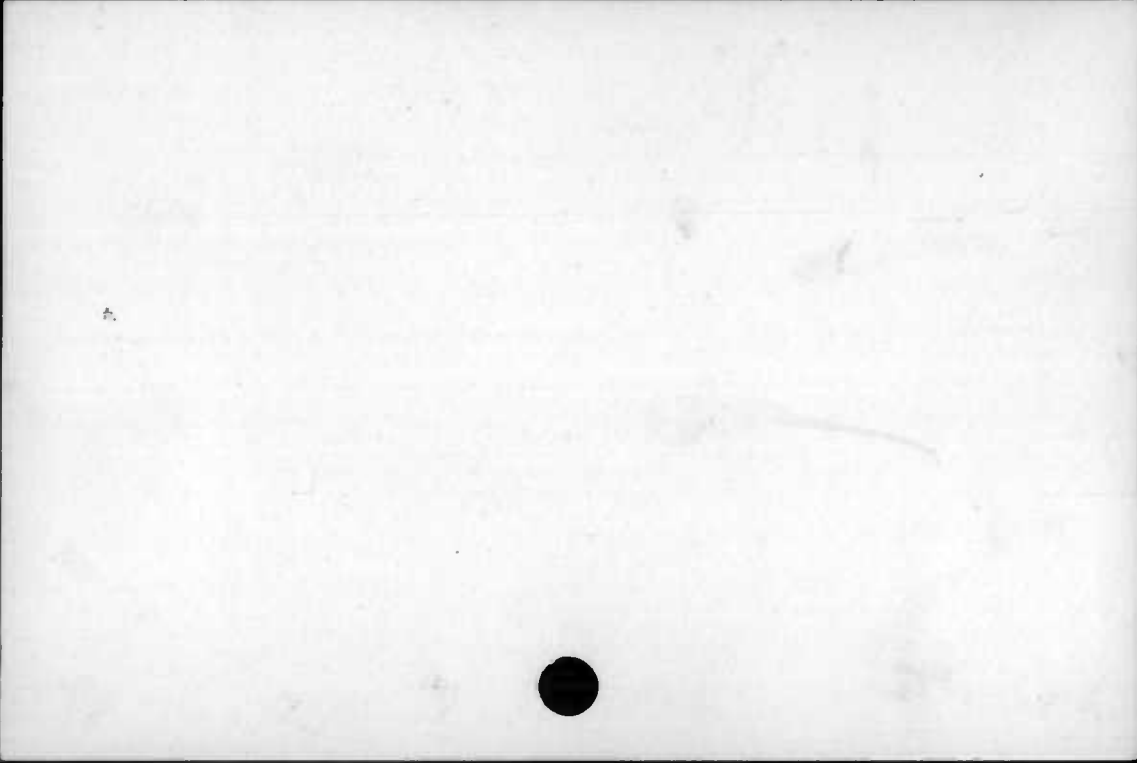
PHYSICIAN
OR CORONER

Primary Phthisis	How long Six weeks
Immediate ~	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr. E. E. Whitehead
	Address New Windsor Md
Accident or Suicide?	



Name in Full		William E Schroeder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Frederick June, md		^{County} Frederick		MARYLAND	
		Date of death 1908	Month March	Day 16	Age 55	Months 6	Days 16
		Sex male		Color or Race white		Birth-place Frederick md	
		Occupation Railroad Agent		Where Residing if not at place of death Resides at place of death			
		Married, Single or Widowed married		Name of Wife or Husband Clara Snyder			
		Father's Name Frederick Schroeder		Father's Birthplace Hesse Carol, Ger.			
PHYSICIAN OR CORONER		Mother's Maiden Name Sofia Harning		Mother's Birthplace Hesse Darmstadt Ger			
		Name of person giving information Albert Schroeder		How related to deceased Brother			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Ag Angina Pectoris		How long at intervals during 36 hours			
		Immediate Cardiac paralysis		How long Instantaneous			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. Burek			
				Address 23 E. Church St.			
		Accident or Suicide? neither					

80



Name
in
Full

Sarah Frances Scoggins

CERTIFICATE OF DEATH

MARYLAND

Died at *June Hill*County *Ind.*Date of death *1908* *Feb.*Day *22*

Age

Years *3*Months *4*Days *8*Sex *Female*Color or
Race*Colored*Birth-
place*Ind.*

Occupation

Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John Henry Scoggins*Father's
Birthplace*Ind*Mother's
Maiden Name*Carrie Seigo*Mother's
Birthplace*Ind*Name of person giving
information*John H. Scoggins*How related
to deceased*Father*

CAUSES OF DEATH

106

Primary

Gastro-Enteritis

How long

1 wk.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*T. Clyde Rountree*

Address

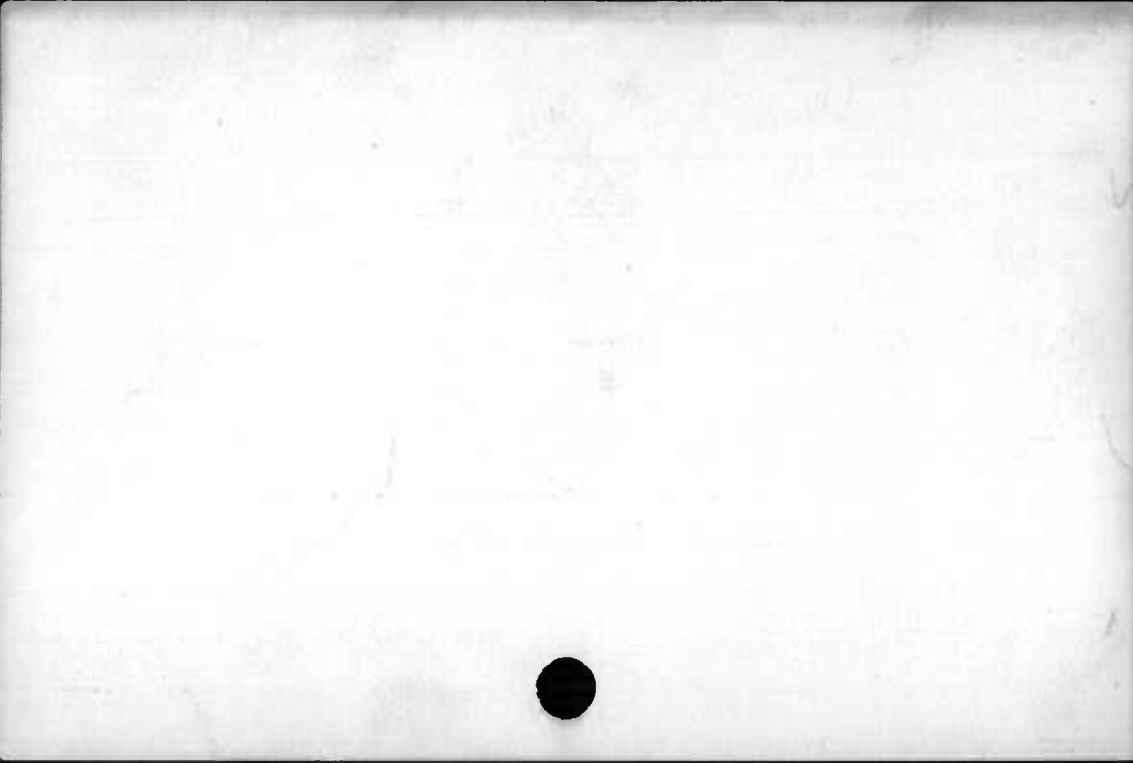
*Buckeystown
Ind.*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Middletown</i>		County <i>Frederick</i>	
		Date of death <i>1908</i>		Month <i>March</i>	
		Day <i>30</i>		Age <i>11</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>School girl</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>William R Shafer</i>		Father's Birthplace <i>Frederick Co Md</i>	
Mother's Maiden Name <i>Daisy C Hillock</i>		Mother's Birthplace <i>Frederick Co Md</i>			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Acute meningitis</i>		How long <i>7 days -</i>	
		Immediate <i>Coma</i>		How long <i>5 days -</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E L Beckley</i>	
		Address <i>Middletown Md</i>			
Accident or Suicide? <i>—</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

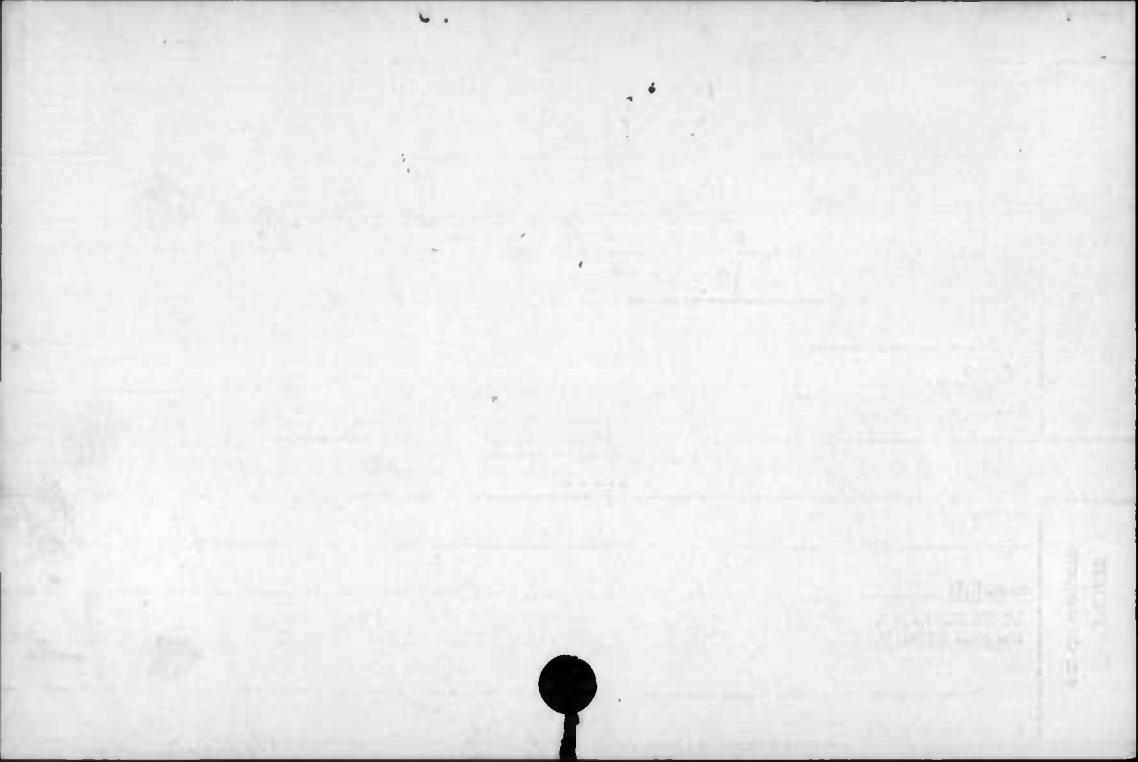
Name in Full <i>Fredrick L. Smith</i>		Town <i>Brunswick</i>		County <i>Fred.</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Month <i>Mar</i>		Day <i>4</i>		Years <i>24</i>	
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>4</i>		Age <i>24</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Breaker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Smith</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Leizew</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>A. G. Carlisle</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about 2 wks</i>
Immediate <i>Relapse</i>	How long <i>about 5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. D. Schenck Md</i>
	Address <i>Brunswick Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Elias P. Soper.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Monticue Hospital*

Town

County *Frederick*

County

MARYLAND

Date
of death *1908*Month *3*Day *9*

Age

Years *79*Months *5*

Days

Sex

*Male*Color or
Race*Black*Birth-
place*Montgomery Co.*

Occupation

*Unknown*Where Residing if not
at place of death*Kissamee,*Married, Single
or Widowed*Married*Name of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
Information*Hospital Record*How related
to deceased

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage.

How long

Immediate

Exhaustion

How long

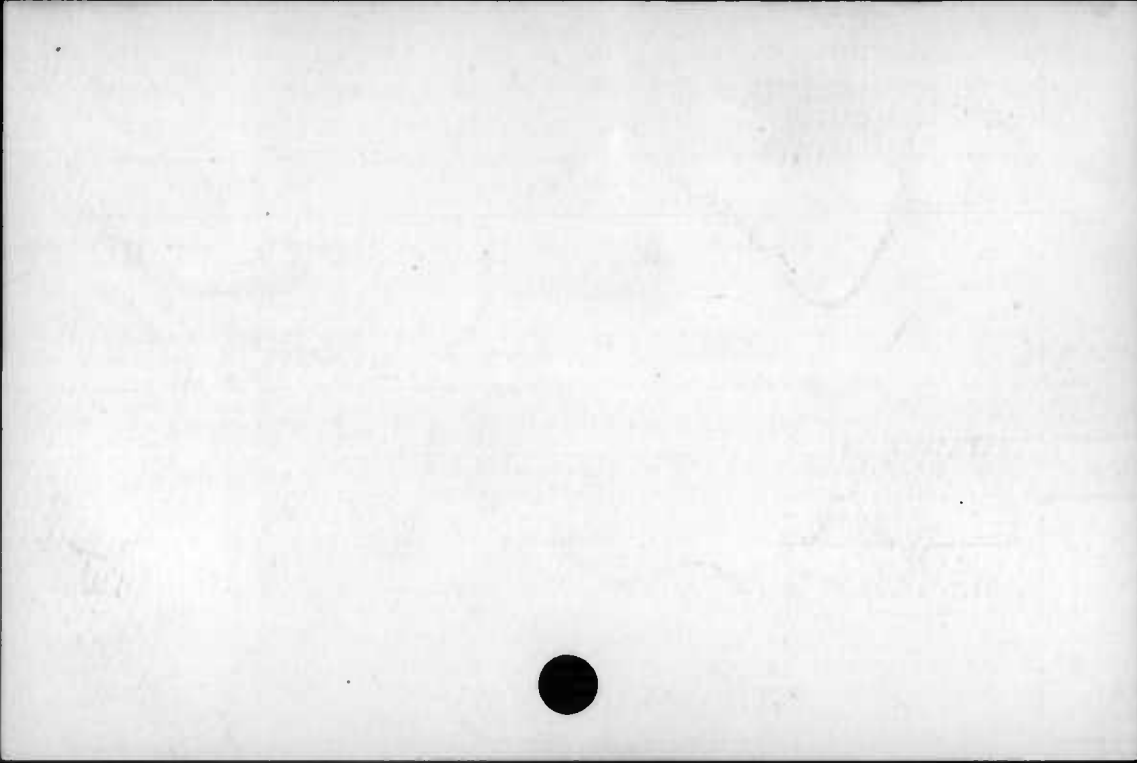
*4 days.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*R. S. Lyson.*

Address

*Frederick,
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Therese Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>3</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>60</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Leah Spriggs</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Annie Harrison</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 hours</i>
Immediate	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. A. Long</i>
	Address <i>Frederick MD</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

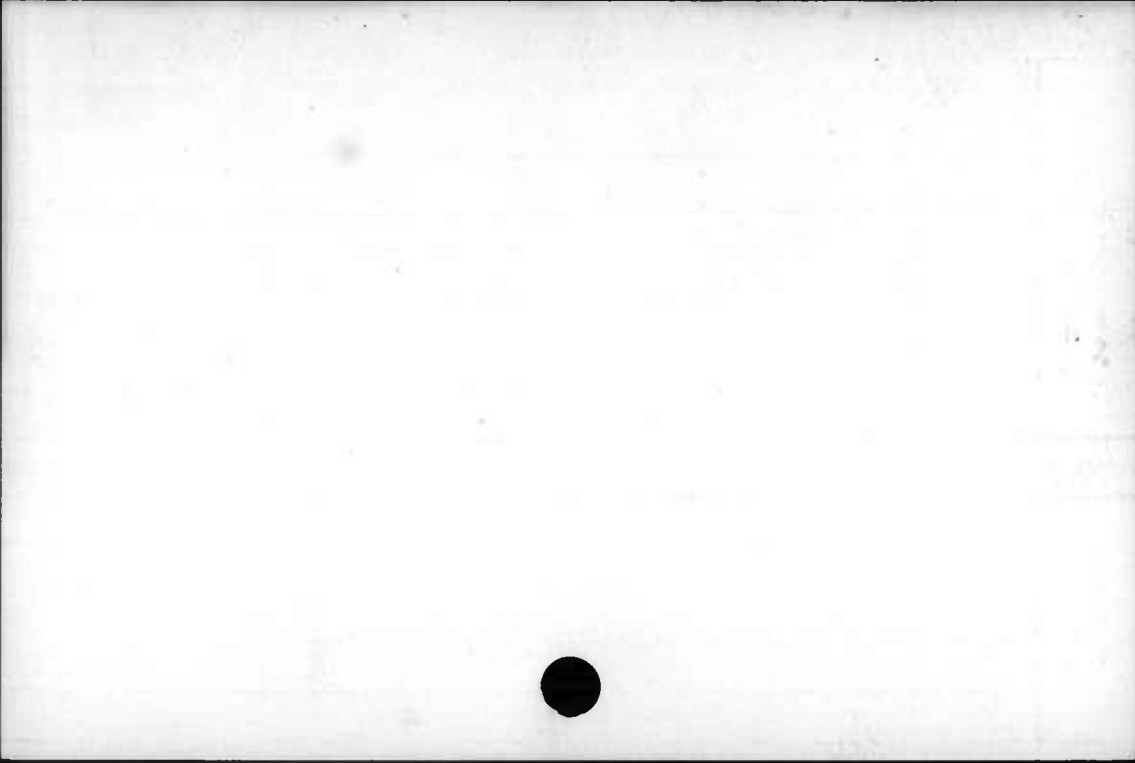
Name in Full <i>Helen May Stine</i>		Town <i>Shubertown</i>		County <i>Fredenich</i>		MARYLAND	
Died at <i>Shubertown</i>		Month <i>8</i>		Day <i>10</i>		Age <i>1</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>10</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Fredenich's Co Md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband					
Father's Name <i>Samuel S. Stine</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Maybell Mercer</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>S. S. Stine</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>2 weeks</i>	
Immediate <i>Bronchial Pneumonia</i>		How long <i>20 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Hedges</i>	
		Address <i>Fredenich Md</i>	
Accident or Suicide?			



Name
in
Full

Rufina Straup

CERTIFICATE OF DEATH

Died at *Brunswick* Town*Fredrick* County

MARYLAND

Date of death

190

8

Month

3

Day

28

Age

Years

61

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*Ohio*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Mathias Straup*Father's
Name*John Dunn*Father's
Birthplace*Ohio*Mother's
Maiden Name*unknown*Mother's
Birthplace*Ohio*Name of person giving
In formation*John M Long*How related
to deceased*Son*

CAUSES OF DEATH

79

Primary

Chronic Heart Disease

How long

7 months

Immediate

Exhaustion

How long

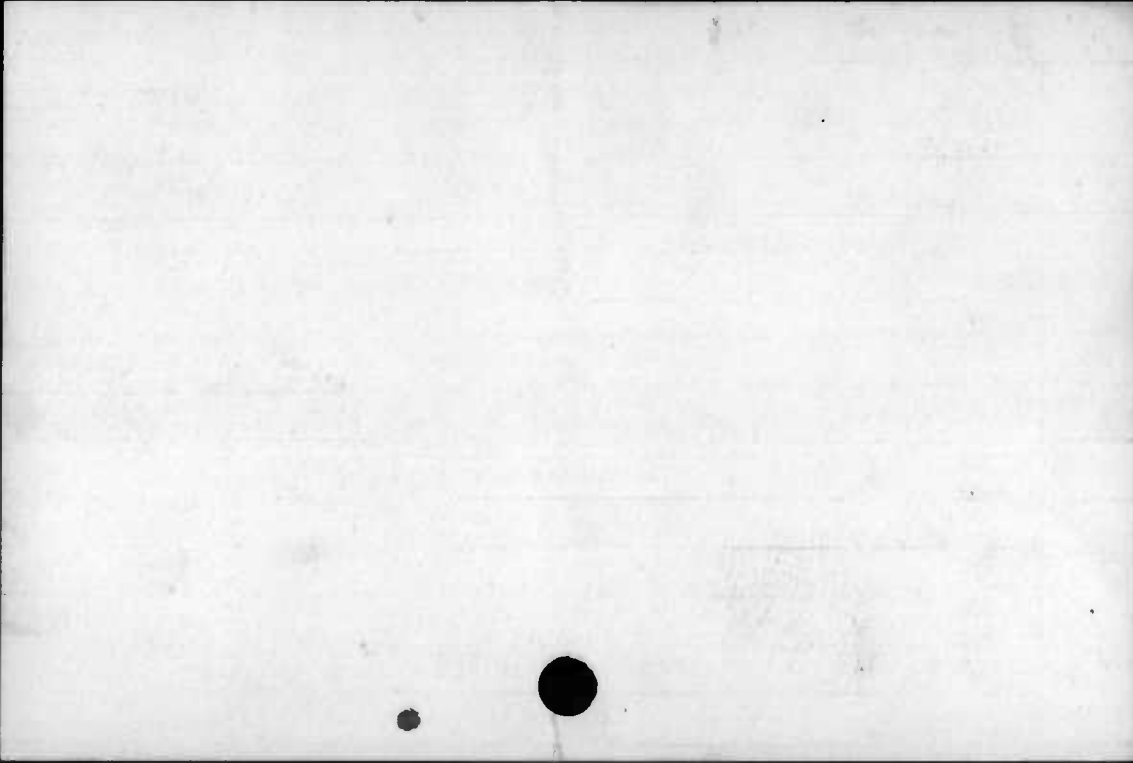
*4 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*26 W Bedges
Brunswick
MA*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

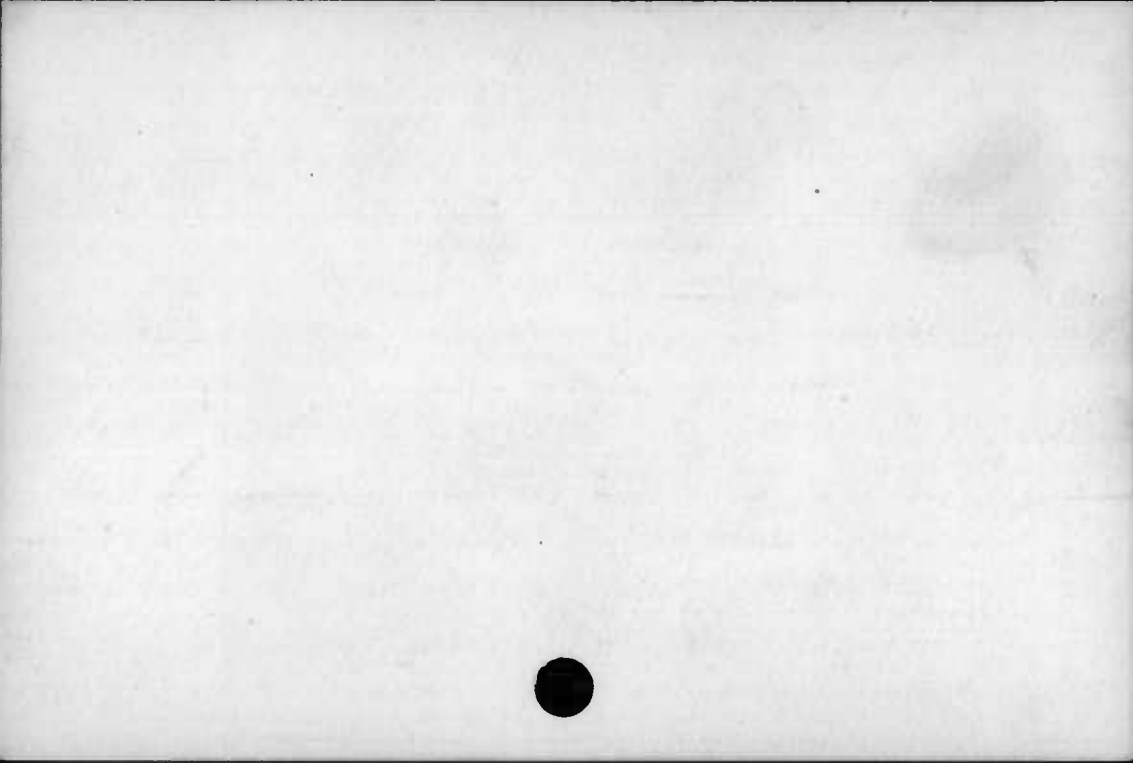
MARYLAND

Died at <i>Frederick</i> Town <i>Frederick</i> County			
Date of death <i>1908</i> Month <i>Mar</i> Day <i>12</i> Age <i>6</i> Years Months <i>7</i> Days <i>27</i>	Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Frederick Co</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Nathaniel C. Stockman</i>	Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Annie Himmel</i>	Mother's Birthplace <i>Frederick Co</i>		
Name of person giving information <i>Annie Stockman</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup and Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Croup and Pneumonia</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Cuddy</i>
<i>Saw dies after death</i>	Address <i>Frederick</i>
<i>Accident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Glenn E. Wachter.</i>		Town <i>Wakarusa</i>		County <i>Frank</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>3</i>		Day <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Years <i>16</i>		Months <i>9</i>	
Occupation <i>Student</i>		Where Residing if not at place of death <i>—</i>		Birth- place <i>Wakarusa</i>		Days <i>11</i>	
Married , Single		Name of Wife or Husband <i>—</i>					
Father's Name <i>Elmer L. Wachter</i>		Father's Birthplace <i>Ind. Co</i>					
Mother's Maiden Name <i>Clara V. Long</i>		Mother's Birthplace <i>Ind. Co</i>					
Name of person giving information <i>Jas. St. Long.</i>		How related to deceased <i>Uncle</i>					

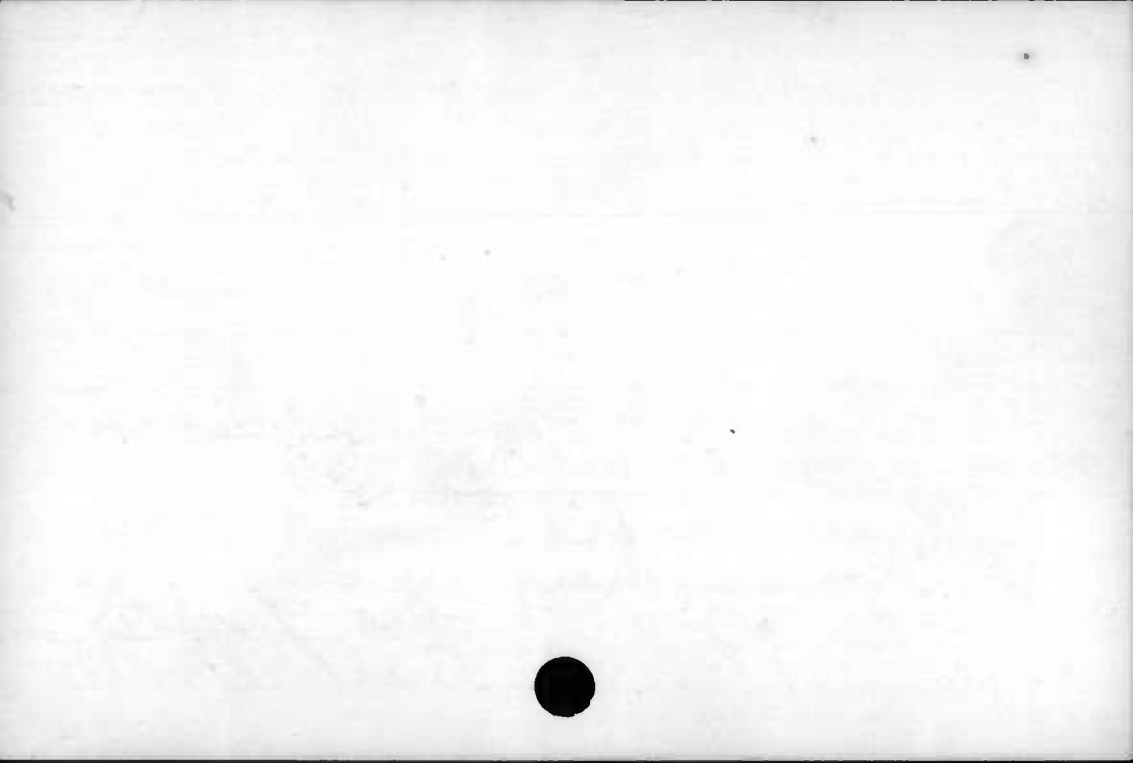
CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage</i>	How long <i>6 hrs.</i>
Immediate <i>Shock</i>	How long <i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. St. Long.</i>
	Address <i>Wakarusa Md.</i>

Accident or Suicide?



Name in Full Charles Edward Walker		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Burkittsville ^{Town}	Frederick ^{County}	MARYLAND
	Date of death 1908 ^{Month} Mar. ^{Day} 18	Age 0 ^{Years}	11 ^{Months} 5 ^{Days}
	Sex Male	Color or Race Colored	Birth-place Burkittsville
	Occupation None	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Lewis C. Walker	Father's Birthplace Fred. Co.	
	Mother's Maiden Name Mary L. Likes	Mother's Birthplace Fred. Co.	
Name of person giving information Mary Walker	How related to deceased Mother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	93 ^{How long}	5 days
	Immediate Pneumonia	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. Yuster	
		Address Burkittsville	
	Accident or Suicide?		

Charles W. Johnson
New York City
I am writing to you
in haste
mean to find
out how
not know
not know
not know
Charles W. Johnson

Alfred Johnson
Alfred Johnson
Alfred Johnson
Alfred Johnson
Alfred Johnson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles W. Wright		Town near Mt. Ebron		County Fredrick		State MARYLAND	
Died at near Mt. Ebron		Date of death 1908 March 29		Age 5-8		Months —	
Sex male		Color or Race white		Birth-place not known		Days —	
Occupation labour		Where Residing if not at place of death near Mt. Ebron					
Married, Single or Widowed not known		Name of Wife or Husband not known					
Father's Name not known		Father's Birthplace not known					
Mother's Maiden Name not known		Mother's Birthplace not known					
Name of person giving information Charles W. Keizer		How related to deceased not Related					

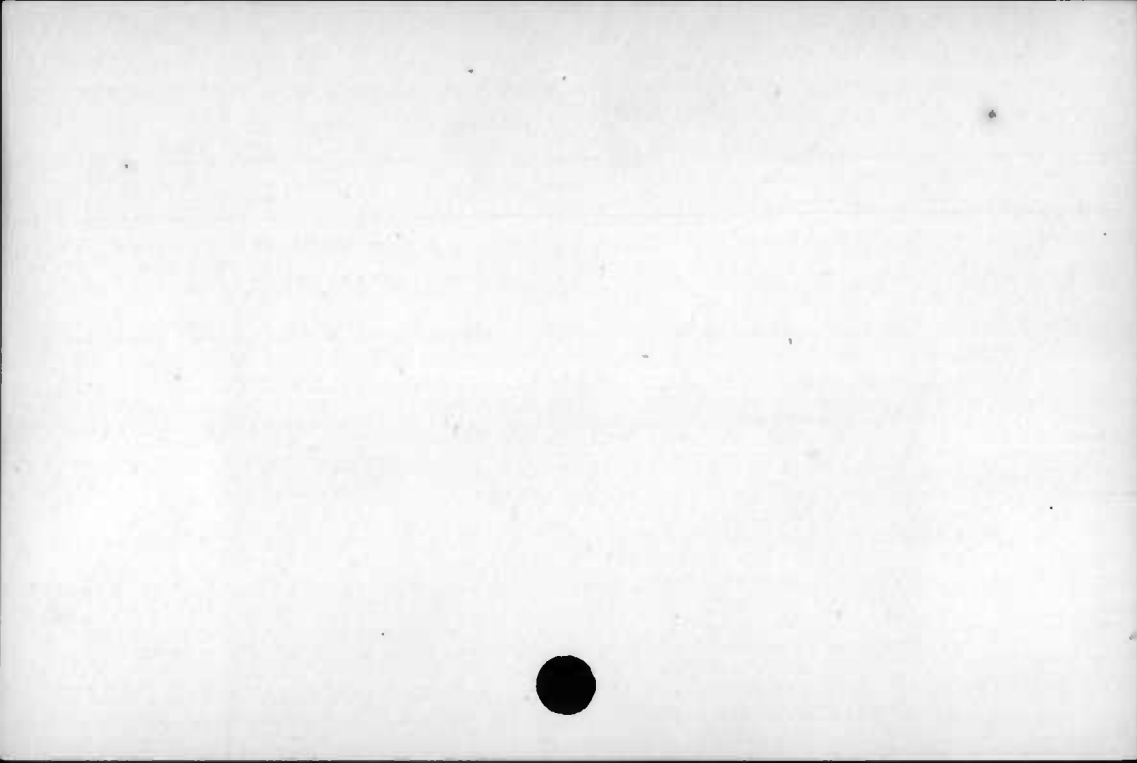
Supposed to have been —

CAUSES OF DEATH

Jury's verdict: death due to unknown causes.

PHYSICIAN
OR CORONER

Primary Alcoholism	(56)	How long 24 hours.
Immediate Alcoholism		How long —
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Benz Chury
Name was found dead. Accident.		Address Araby Md.
Accident or Suicide? Accident.		



Name
in
Full

Zimmerman Chas J

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

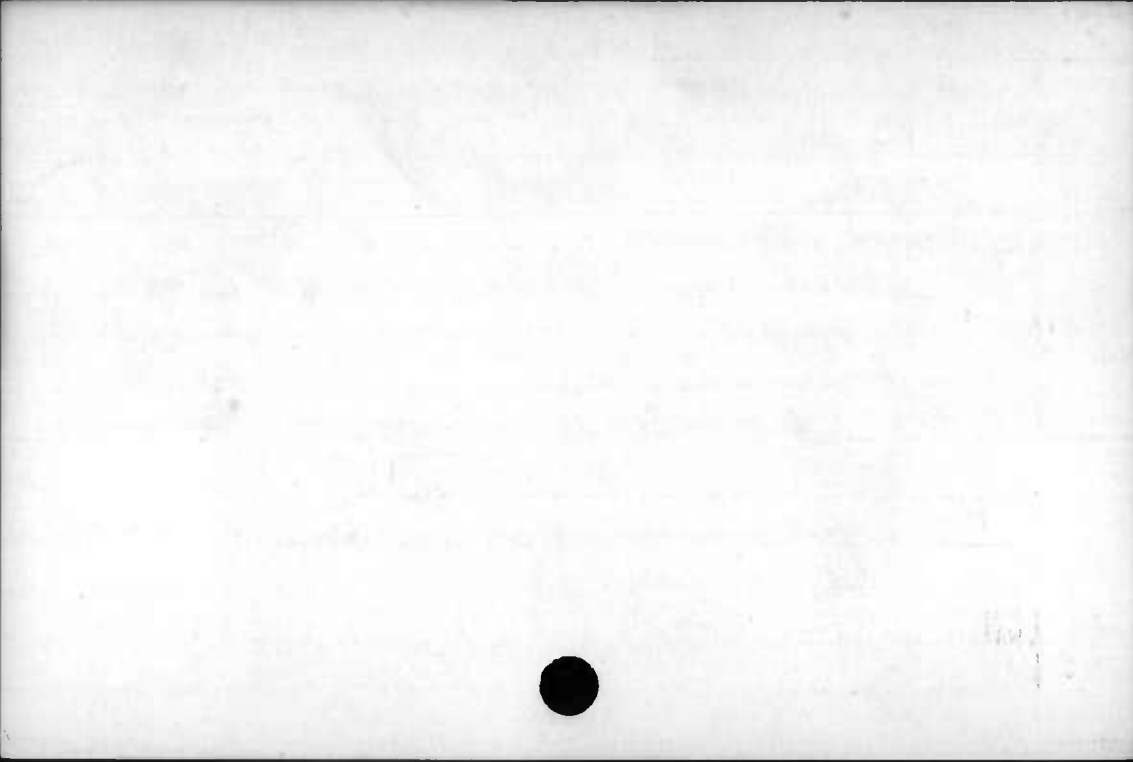
Died at <i>Graddock</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1908	Month	3	Day	5
Age		55		Months	
Sex	Male		Color or Race	White	
Occupation	Physician		Birth-place	Md.	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Ida Lockeford	
Father's Name	L F S Zimmerman		Father's Birthplace	Frederick County	
Mother's Maiden Name	May J L Fanning		Mother's Birthplace	"	
Name of person giving information	Mrs Chas Zimmerman		How related to deceased	Wife	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonum</i>		How long	<i>3 months</i>
Immediate	<i>Apnoea</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Fahmy md</i>		
		Address <i>Frederick Md.</i>		
Accident or Suicide? <i>No</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William W. Zimmerman</i>		Town <i>Shurmont</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Mar</i>		Day <i>19</i>		Years <i>68</i>	
Date of death <i>1908</i>		Months <i>10</i>		Days <i>8</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Cordelia Catherine Costle</i>					
Father's Name <i>Michael Zimmerman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Hannah Wood</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Bessie Zimmerman</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Arteriosclerosis & Chronic interstitial nephritis</i>	How long <i>5 years</i>
Immediate	<i>Uremia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Kefauver</i>
		Address <i>Shurmont, Md.</i>
Accident or Suicide? <i>No</i>		

